

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Friends of Congressman Tim Holden

ADDRESS (number and street) 18 N. SECOND ST., BOX 37
 Check if different than previously reported. (ACC)
SAINT CLAIR PA 17970

2. **FEC IDENTIFICATION NUMBER** C00265322
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
PA 17

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 01 2006 through 09 30 2006

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 THOMAS V. NAWROCKI

Signature of Treasurer Electronically Filed by THOMAS V. NAWROCKI Date 10 07 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Congressman Tim Holden

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	165895.00	982105.75
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	4094.12
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	164895.00	978011.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	78085.93	459185.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	300.00	1568.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77785.93	457616.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	555452.80	
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).....	1188.21	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Congressman Tim Holden

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

32575.00

239801.69

(ii) Unitemized.....

30345.00

112783.11

(iii) TOTAL of contributions

62920.00

352584.80

from individuals..... ▶

2250.00

6075.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

100725.00

623445.95

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

165895.00

982105.75

(add Lines 11(a)(iii), (b), (c), and (d))

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 Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

300.00

1568.91

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

6360.81

12747.15

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

172555.81

996421.81

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78085.93	459185.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
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 Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	3844.12
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	4094.12
21. OTHER DISBURSEMENTS.....	122330.00	152166.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	201415.93	615446.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	584312.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	172555.81
25. SUBTOTAL (add Line 23 and Line 24).....	756868.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	201415.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	555452.80

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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 Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
George D. Andrews

Mailing Address P.O. Box 86

City State Zip Code
Hazleton PA 18201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pa. Department of Health Senior Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20473

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alice K. Angino

Mailing Address 2040 Fishing Creek Valley Rd

City State Zip Code
Harrisburg PA 17112-9245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: C19823

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ronald R. Aungst

Mailing Address 45 Tremont RD

City State Zip Code
Pine Grove PA 17963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arthur Pat Aungst Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: C20510

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Karen M. Balaban		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address P.O. Box 821		Transaction ID: C19950	
City Harrisburg	State PA	Zip Code 17108	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Linda Baldinger		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 723 First ST		Transaction ID: C19932	
City Pottsville	State PA	Zip Code 17901	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Providence Retirement Community Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Marketing Representative Election Cycle-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. John Bane		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 2428 Pine Street		Transaction ID: C19967	
City Ashland	State PA	Zip Code 17921	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Owner/Operator Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation insurance agents Election Cycle-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. John Bane		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address 2428 Pine Street		Transaction ID: C20267	
City Ashland	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 17921		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Owner/Operator	Occupation insurance agents		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Anthony Baran		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address 79 Country Club Rd		Transaction ID: C20487	
City Ashland	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17921		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer EXTOL International, Inc	Occupation CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Margaret Baranko		Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2006	
Mailing Address 13 North Lincoln Street P.O. Box 70		Transaction ID: C20040	
City Mc Adoo	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 18237-2219		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Insurance Agent		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Stephen A. Baranko		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 54 North Kennedy Drive P.O. Box 9		Transaction ID: C20112
City State Zip Code Mcadoo PA 18237	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PA Liquor Control Board	Occupation Computer Systems Analyst	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Joseph R. Baranko, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1011 S. Green St		Transaction ID: C20286
City State Zip Code Mcadoo PA 18237	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mylatte, David & Fitzpatrick	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Mel Billingsley		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 202 Java Avenue		Transaction ID: C19911
City State Zip Code Hershey PA 17033	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Life Sciences Greenhouse of Centra	Occupation President & CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Ann Marie Biros

Mailing Address 42 Schoolhouse Rd

City State Zip Code
Shepton PA 18248

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested
HARRISBURG RESOURCES President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: C20056

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David E. Black

Mailing Address 3211 N. Front St

City State Zip Code
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested
HARRISBURG RESOURCES President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: C19951

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Carol J. Blecker

Mailing Address 1680 Mt Zion RD

City State Zip Code
Lebanon PA 17046

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested
NA Community volunteer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: C19970

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Carol J. Blecker		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1680 Mt Zion RD		Transaction ID: C20555
City Lebanon	State PA	Zip Code 17046
Amount of Each Receipt this Period 150.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation Community volunteer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Randy Bonchack		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address P.O. Box 532		Transaction ID: C20443
City Minersville	State PA	Zip Code 17954
Amount of Each Receipt this Period 50.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania State Treasury	Occupation Field Representative	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sheilah A Borne Fuller		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 4294 Rhode Island Crt		Transaction ID: C19977
City Harrisburg	State PA	Zip Code 17110
Amount of Each Receipt this Period 100.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Michael Botto		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 2074 West Market Street		Transaction ID: C20374	
City State Zip Code Pottsville PA 17901		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer GPASA Occupation operator			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Vernon Joseph Brennan		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6	
Mailing Address 332 Front Street		Transaction ID: C19899	
City State Zip Code Minersville PA 17954		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dept of Auditor General Occupation Auditor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Edward M. Brennan, Esquire		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 306 Mahantongo ST		Transaction ID: C20496	
City State Zip Code Pottsville PA 17901		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional) ▶	725.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Michael J. Breslin		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 4515 Laurelwood DR		Transaction ID: C19846	
City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Northwestern Human Services Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Election Cycle-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Michael J. Breslin		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 4515 Laurelwood DR		Transaction ID: C19894	
City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Northwestern Human Services Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Election Cycle-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. Anthony S. Caldonetti		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 25 TAMAQUA ST		Transaction ID: C20060	
City State Zip Code Tamaqua PA 18252	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Dennis F. Campbell

Mailing Address 107 Woodview Drive

City State Zip Code
Orwigsburg PA 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schuylkill Products Inc. Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20501

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cynthia L. Campion

Mailing Address 510 Maple St.

City State Zip Code
Pottsville PA 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
House Wife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: C20280

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brain P Canfield

Mailing Address 128 N Maple Ave

City State Zip Code
Pottsville PA 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schoeneman Beauty Supply Technical Services Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2006

Transaction ID: C20161

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
John J. Cantwell

Mailing Address One Oak Terrace

City State Zip Code
Pottsville PA 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Candles & Collectibles Salesman

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1550.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2006

Transaction ID: C20079

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eric R. Clancy

Mailing Address 53 Emlyn Lane

City State Zip Code
Mechanicsburg PA 17055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Development NT Group Vice President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1375.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: C19984

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael Clark

Mailing Address 1201 Pennsylvania Ave NW, Suite 30

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Markcorp Inc President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C20626

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Calvin Clements

Mailing Address 25 Country Lane

City Palmyra State PA Zip Code 17078

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Veterinarian

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	6

Transaction ID: C19906

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William H. Combs III

Mailing Address 6 High Road

City Wyomissing State PA Zip Code 19610

FEC ID number of contributing federal political committee. **C**

Name of Employer Tamaqua Cable Products Co-rp. Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	6

Transaction ID: C19966

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gary A. Cortese

Mailing Address 1626 Mount Hope Avenue

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Podiatrist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	6

Transaction ID: C20233

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Steve Cotler

Mailing Address P.O. Box 279

City State Zip Code
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Cotler V.I.P. Tours, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: C20458

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sandra Coyle

Mailing Address 106 Arlene Street

City State Zip Code
Minersville PA 17954

FEC ID number of contributing federal political committee. **C**

Name of Employer SCCA Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1075.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: C20494

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael Jon Daley

Mailing Address 343 Laurelwood Dr

City State Zip Code
Lebanon PA 17042

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: C20506

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Arnold Delin		Date of Receipt MM / DD / YYYY 08 / 21 / 2006
Mailing Address 107 East Main St, Suite 202		Transaction ID: C20486
City Bath	State PA	Zip Code 18014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Atlantic Apparel	Occupation Executive Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Bonnie Lee Bobbs Dicello		Date of Receipt MM / DD / YYYY 08 / 08 / 2006
Mailing Address 1819 Mahantongo St		Transaction ID: C20072
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation House Wife	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Carmen A. DiCello		Date of Receipt MM / DD / YYYY 08 / 08 / 2006
Mailing Address 1819 Mahantongo ST		Transaction ID: C20071
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Town Drugs	Occupation Owner-Pharmacist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Gino Dinicola

Mailing Address 1800 West End Avenue

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney at Law

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2006

Transaction ID: C20150

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paul M. Dugan

Mailing Address 8301 Miss Anne Lane

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Dugan Consulting Occupation Computer Systems Mgr.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 22 / 2006

Transaction ID: C20569

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donald W Dunlevy

Mailing Address 278 Beacon Drive

City Harrisburg State PA Zip Code 17112

FEC ID number of contributing federal political committee. **C**

Name of Employer United Transit Union Occupation State Legislative

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 21 / 2006

Transaction ID: C20470

Amount of Each Receipt this Period
 125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	725.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Anthony J. Elinausky

Mailing Address 1509 Fayette Avenue

City State Zip Code
Reading PA 19607-2139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. Postal Service Postmaster

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: C20210

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Clyde Elium

Mailing Address 711 Atkinson Lane

City State Zip Code
Langhorne PA 19047-1463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
East Penn Manufacturing Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

850.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: C20489

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Clyde Elium

Mailing Address 711 Atkinson Lane

City State Zip Code
Langhorne PA 19047-1463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
East Penn Manufacturing Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

850.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: C20528

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Albert Evans, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 268		Transaction ID: C20076
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer Evans Delivery Co.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Richard E Fehr		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 508 long Run Drive		Transaction ID: C20492
City Schuylkill Haven	State PA	Zip Code 17972
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Keystone Financial	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Richard T. Fenstermacher		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1901 Howard Avenue		Transaction ID: C20234
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Hadesty's TV & Appliances	Occupation owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Melvin Fishburn

Mailing Address 428 E. Market St

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer IBEW Local 743 Occupation Electrician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	6

Transaction ID: C20224

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary Susan E Gallagher

Mailing Address 1518 N. Second ST

City Harrisburg State PA Zip Code 17102

FEC ID number of contributing federal political committee. **C**

Name of Employer Auditor General Occupation Audit Reviewer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	6

Transaction ID: C19985

Amount of Each Receipt this Period

200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Swaran Ghosh

Mailing Address 3002 Ridgeview Ave.

City Orwigsburg State PA Zip Code 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	6

Transaction ID: C20488

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Andrew J Giorgione

Mailing Address 2911 N. 2nd ST

City State Zip Code
Harrisburg PA 17110-1209

FEC ID number of contributing federal political committee. **C**

Name of Employer
O'Brien, Rebevon, Maxwell

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: C19813

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Herbert Corky Goldstein

Mailing Address 59 Central BLvd

City State Zip Code
Camp Hill PA 17011

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: C19820

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Linda Ann Goldstein

Mailing Address 2900 Parkside Lane

City State Zip Code
Harrisburg PA 17110-1238

FEC ID number of contributing federal political committee. **C**

Name of Employer
Capital Region Development Corp.

Occupation
COO.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: C19979

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
James A Goodman

Mailing Address P.O. Box 180

City State Zip Code
Mahanoy City PA 17948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
California Wine Institute Gov't Relations

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: C20277

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peggy A Grove

Mailing Address 2920 Parkside Lane

City State Zip Code
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rosewein Realty Real Estate Agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: C19973

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter W. Gutsie

Mailing Address 104 East Centre Street

City State Zip Code
Mahanoy City PA 17948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Tax Collector

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: C19888

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) Bruce T. Hart		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address Bruce T. Hart, Funeral Home 110 North Second Street		Transaction ID: C20467
City State Zip Code Saint Clair PA 17970	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Funeral Home Director	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Michael E. Hashin		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 109 Lewis Street		Transaction ID: C20514
City State Zip Code Minersville PA 17954	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Reliable Home Supply Occupation owner	Election Cycle-to-Date 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) William G. Heckman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 123 Woodview Drive		Transaction ID: C20078
City State Zip Code Orwigsburg PA 17961	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Heckman & Laudeman Occupation CPA	Election Cycle-to-Date 750.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Roy Heim

Mailing Address 1145 Sunset Drive

City State Zip Code
Orwigsburg PA 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heim Construction owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: C20490

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Barbara L. Higgins

Mailing Address 18 Cottage Hill West

City State Zip Code
Pottsville PA 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: C20497

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
M. Suzanne Hillkirk

Mailing Address 2006 Ridgeview Dr

City State Zip Code
Orwigsburg PA 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: C20304

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Richard Hoffman

Mailing Address 1362 W Wade Road

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: C19898

Amount of Each Receipt this Period
125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David J. Holley

Mailing Address 540 Hillcroft Avenue

City Schuylkill Haven State PA Zip Code 17972

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schuylkill Co. Municipal Auth. Exec. Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20474

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donald J. Jones

Mailing Address 721 Port Carbon St Clair Hwy

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2006

Transaction ID: C20054

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Patricia K. Jones		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 1450 Howard Ave		Transaction ID: C20073	
City State Zip Code Pottsville PA 17901		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Phoenix Contracting Co. Executive			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Stanley T. Kastrava		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 512 Hemlock Lane		Transaction ID: C20558	
City State Zip Code Lebanon PA 17042		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Dept Of VETS Affairs Social Worker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Diane Keese		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 204 Schwartz Valley Road		Transaction ID: C20077	
City State Zip Code Schuylkill Haven PA 17972		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ed's U-Save/USA Auto Rental Owner/Operator			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Thomas L. Kennedy

Mailing Address 200 W. Chapel St

City Hazleton State PA Zip Code 18201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2006

Transaction ID: C20509

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Martha T. Kenney

Mailing Address 1435 Market Street

City Ashland State PA Zip Code 17921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2006

Transaction ID: C20055

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Daniel B. Kimball, Jr.

Mailing Address 1303 Orchard Road

City Reading State PA Zip Code 19611

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2006

Transaction ID: C19949

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Josephine V. Kline

Mailing Address 312 West Orchard Drive

City Palmyra State PA Zip Code 17078

FEC ID number of contributing federal political committee. **C**

Name of Employer Kline Associates Occupation Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: C19838

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Josephine V. Kline

Mailing Address 312 West Orchard Drive

City Palmyra State PA Zip Code 17078

FEC ID number of contributing federal political committee. **C**

Name of Employer Kline Associates Occupation Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: C19876

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Allen C Koch Sr.

Mailing Address 218 Schwartz Valley Road

City Schuylkill Haven State PA Zip Code 17972-9520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: C20009

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **200.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Helen Kovatch		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 420 West Railroad Street		Transaction ID: C20317	
City Nesquehoning State PA Zip Code 18240		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Kovatch Corporation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. John P. Kweder, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 67 Deer Trail Lane		Transaction ID: C20010	
City Nesquehoning State PA Zip Code 18240		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alfred Benesch & Co. Occupation Professional Engineer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) C. Kenneth S. Lakin		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 5024 Oley Turnpike Road		Transaction ID: C19903	
City Reading State PA Zip Code 19606		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Boscovs Occupation Marketing			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Dave Laudeman		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address Rt 61		Transaction ID: C20228	
City Orwigsburg	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17961		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CPA		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Anna M. Laychock, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 115 Glenworth Road		Transaction ID: C20471	
City Pottsville	State PA	Amount of Each Receipt this Period 150.00	
Zip Code 17901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Pottsville Hospital/Warne Cln.	Occupation Radiologist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. John B. Lieberman, III, Esq.		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address Zimmerman, Lieberman & Derenzo 111 East Market Street		Transaction ID: C20305	
City Pottsville	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Kenneth C. Lint

Mailing Address 27 Faculty Rd

City State Zip Code
Duncannon PA 17020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Penn State Exp Serv, Inc. Business Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: C19914

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kenneth Scott Lipsett

Mailing Address 506 Front Street

City State Zip Code
Minersville PA 17954

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schuylkill County Telecommunications Operator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

675.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: C20460

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lois H. Lipton

Mailing Address 58 Timber Road

City State Zip Code
Pottsville PA 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: C20500

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Robert Lipton

Mailing Address 21 Deer Park Drive

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer BCIU Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 18 / 2006

Transaction ID: C20334

Amount of Each Receipt this Period
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jo Ellen Litz

Mailing Address R.D. 2, Box 2052

City Lebanon State PA Zip Code 17042

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Substitute Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 26 / 2006

Transaction ID: C20598

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas P Loughran

Mailing Address 657 Meadow Rose CT

City Hummelstown State PA Zip Code 17036

FEC ID number of contributing federal political committee. **C**

Name of Employer Penn State Cancer Center Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 03 / 2006

Transaction ID: C19972

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Thomas Lowe		Date of Receipt MM / DD / YYYY 07 / 28 / 2006
Mailing Address 508 W Spring Street		Transaction ID: C19928
City Frackville	State PA	Zip Code 17931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer JE Morgan	Occupation Laborer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) B. Thomas C Macenka		Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Mailing Address 18 W Phillip Street		Transaction ID: C19872
City Coaldale	State PA	Zip Code 18218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Pa. Treasury Department	Occupation Auditor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Philip Malloy, L.P.T.		Date of Receipt MM / DD / YYYY 08 / 21 / 2006
Mailing Address Pottsville Area Physical Therapy Services, P.C.		Transaction ID: C20499
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Physical Therapy	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) Rupinder Mann Mailing Address 637 Brisban Lane City Enola State PA Zip Code 17025 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C20539 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	6														
1000.00																							
Name of Employer Self Occupation Dentist Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

B. Full Name (Last, First, Middle Initial) Christopher P. Markley Mailing Address 222 Skyline Dr City Mechanicsburg State PA Zip Code 17055-1754 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C19954 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	6	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	8		2	0	0	6														
100.00																							
Name of Employer Pinnacle Health Occupation Senior Vice President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>350.00</td> </tr> </table>		350.00																					
350.00																							

C. Full Name (Last, First, Middle Initial) Alvin B. Marshall, Esquire Mailing Address P.O. Box 1280 City Pottsville State PA Zip Code 17901 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C20044 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	6	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	6														
50.00																							
Name of Employer Self Occupation Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>600.00</td> </tr> </table>		600.00																					
600.00																							

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Alvin B. Marshall, Esquire		Date of Receipt MM / DD / YYYY 08 / 15 / 2006
Mailing Address P.O. Box 1280		Transaction ID: C20230
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. William B Martin		Date of Receipt MM / DD / YYYY 07 / 18 / 2006
Mailing Address 6 Leeardeen Rd		Transaction ID: C19817
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SBI	Occupation Financial Analyst	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) C. Joe Mazzuca		Date of Receipt MM / DD / YYYY 08 / 15 / 2006
Mailing Address 14th and Laurel Blvd		Transaction ID: C20236
City Pottsville	State PA	Zip Code 17901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Mazzuca Realty	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Michael Mazzuca		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address Mazzuca Realty Co. 410 North 10th Street		Transaction ID: C20235	
City Pottsville	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 17901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Mazzuca Realty	Occupation Partner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Joanne McCloskey		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 16 Cottage Hills West		Transaction ID: C20136	
City Pottsville	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 17901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer None		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Joanne McCloskey		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 16 Cottage Hills West		Transaction ID: C20225	
City Pottsville	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer None		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Barbara L McLaughlin

Mailing Address 1811 Mahantongo ST

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Graphic Designer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2006

Transaction ID: C20177

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James L. Mendini

Mailing Address 133 Lewis Street

City Minersville State PA Zip Code 17954

FEC ID number of contributing federal political committee. **C**

Name of Employer Auditor General Occupation State Auditor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2006

Transaction ID: C20447

Amount of Each Receipt this Period
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fred Miller

Mailing Address 1415 Pottsville Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Miller Distributing Occupation owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2006

Transaction ID: C20493

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Irene Miller

Mailing Address PO Box 137

City State Zip Code
Friedensburg PA 17933

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
House Wife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: C20536

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard M. Miller

Mailing Address 493 N. 25th St

City State Zip Code
Camp Hill PA 17011-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Solution Architect Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: C19833

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert A. Miller, III

Mailing Address 71 Tower Road

City State Zip Code
New Ringgold PA 17960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J.E. Morgan Knitting Mills Inc CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: C20605

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) Eric M Morrison		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 1701 Mountain View Road		Transaction ID: C19842	
City State Zip Code Harrisburg PA 17110		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MCNEES WALLACE & NUICE LLC Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Gerald K. Morrison		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 188 Huckleberry Lane		Transaction ID: C19839	
City State Zip Code Harrisburg PA 17112		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MCNEES WALLACE & NUICE LLC Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

C. Full Name (Last, First, Middle Initial) Michael R. Muncy		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address 1541 Howard Ave		Transaction ID: C20231	
City State Zip Code Pottsville PA 17901		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation SELF Muncy Glass			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Amrit Pal S. Narula, M.D.

Mailing Address 3014 Ridgeview Drive

City State Zip Code
Orwigsburg PA 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20495

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gabriel E. Nassar

Mailing Address 471 LAKEFRONT DRIVE

City State Zip Code
Deer Lake PA 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Gabriel E. Nassar Coal Co. Occupation self

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20491

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas V. Nawrocki

Mailing Address 18 N. 2nd St.

City State Zip Code
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Accountant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: C19893

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	825.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Robert S. Nestor

Mailing Address 200 Broad Street

City Ashland State PA Zip Code 17921

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Pharmacist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2006

Transaction ID: C20149

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas E. Oblas

Mailing Address 330 East Center Street

City Mahanoy City State PA Zip Code 17948

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2006

Transaction ID: C20146

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Shirley R Obrien

Mailing Address 56 West Miner St

City Coaldale State PA Zip Code 18218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20425

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Bernard O'Reilly

Mailing Address 2303 W Norwegian Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2006

Transaction ID: C20053

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Anthony A Pascotti

Mailing Address 633 Fishing Creek Valley Rd

City Harrisburg State PA Zip Code 17112

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2006

Transaction ID: C19952

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark Petrole

Mailing Address 1191 Spring RD

City Andreas State PA Zip Code 18211

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Technologies, Inc. Occupation Tech. Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2006

Transaction ID: C20502

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Robert Peyakovich

Mailing Address 1921 Howard Avenue

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 09 / 2006

Transaction ID: C20176

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas D. Powers

Mailing Address 6603 Springford Terrace

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Realestate Developer
CROSSGATES, INC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2006

Transaction ID: C19815

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Noble C. Quandel

Mailing Address 230 S. 15th Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation CEO
Quandel Group Inc.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2006

Transaction ID: C20325

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. David H. Rattigan, Esquire		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 2 Allenwood Drive		Transaction ID: C20229	
City State Zip Code Schuylkill Haven PA 17972		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Williamson, Friedberg & Jones	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) B. Greg J Rautzhan		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 432 Main Street		Transaction ID: C20223	
City State Zip Code Shoemakersville PA 19555		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State Farm Ins	Occupation agent		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Richard C. Reidler		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address P.O. Box 285		Transaction ID: C20148	
City State Zip Code Gordon PA 17936		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Reidler Decal Corp.	Occupation owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
John D. W. Reiley

Mailing Address 1928 Mahantango Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Pottsville Occupation Mayor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: C20147

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Barbara Reilly

Mailing Address 50 South Maple Avenue

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Halcovage Insurance Occupation clerk

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: C20315

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John W. Rich Sr.

Mailing Address 1621 Howard Avenue

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Reading Anthracite Co. Occupation Chairman of the Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 6

Transaction ID: C19945

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. W. Greg Rothman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address One Gunpowder Road		Transaction ID: C19835	
City State Zip Code Mechanicsburg PA 17050	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation RSR REALTORS, LLC Realtor	Election Cycle-to-Date 850.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Patricia A. Ryan		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2006	
Mailing Address 59 W. Second Mtn RD		Transaction ID: C20169	
City State Zip Code Pottsville PA 17901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation n/a housewife	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mark Philip Ryscavage, Esq.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address P.O. Box 36		Transaction ID: C20478	
City State Zip Code Saint Clair PA 17970	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self Attorney	Election Cycle-to-Date 1225.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Nancy L. Schlitzer

Mailing Address 21 Cottage Hill West

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Pottsville Occupation Councilwoman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: C20498

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Olga Semanchik

Mailing Address 401 Walnick Drive

City Frackville State PA Zip Code 17931-2032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: C20187

Amount of Each Receipt this Period
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Olga Semanchik

Mailing Address 401 Walnick Drive

City Frackville State PA Zip Code 17931-2032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 0 8 / 2 0 0 6

Transaction ID: C20535

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. William Shandri		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address SHANDRI NEWS AGENCY 320 Sunbury Street		Transaction ID: C19889
City Minersville State PA Zip Code 17954	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation News Agent Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Claude A. L. Shields		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 1947 Mahantongo St.		Transaction ID: C19978
City Pottsville State PA Zip Code 17901	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Commonwealth of Pennsylvania Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chief of Staff - Lt. Governor Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Bradley P. Shopp		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 6328 Stephens Crossing		Transaction ID: C20607
City Mechanicsburg State PA Zip Code 17050	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Triad Strategies Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation lobbyist Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
John E. Simodejka

Mailing Address 2 Cottage Hill West

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Pottsville Hospital/Warne Cln. Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
08 / 21 / 2006

Transaction ID: C20484

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary A. Sitcoske

Mailing Address P.O. Box 46

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Surgical Supplies Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
08 / 15 / 2006

Transaction ID: C20232

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David L Snyder

Mailing Address 3905 Brookside CT

City Orwigsburg State PA Zip Code 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Bank Occupation V.P.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
08 / 21 / 2006

Transaction ID: C20483

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Jack Solomon

Mailing Address 4023 Thicket Lane

City Harrisburg State PA Zip Code 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2006

Transaction ID: C19982

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Teresa Strenkoski

Mailing Address 27 Ann St(East Mines)

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: C20299

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Sturges

Mailing Address 1518 N. Second St

City Harrisburg State PA Zip Code 17102

FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Susan Gallagher Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C20395

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Peter J. Swoboda

Mailing Address 517 W. Laurel Street

City Frackville State PA Zip Code 17931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	6

Transaction ID: C20205

Amount of Each Receipt this Period

50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas E. Tay

Mailing Address 1524 Wandering Way

City Harrisburg State PA Zip Code 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: C19822

Amount of Each Receipt this Period

300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard Thornburg

Mailing Address 1423 Mahantongo St

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Attorney
LIPKIN, MARSHALL, BOHORAD, THO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	6

Transaction ID: C20485

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Richard Thornburg

Mailing Address 1423 Mahantongo St

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer LIPKIN, MARSHALL, BOHORAD, THO Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: C20441

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tim Twardzik

Mailing Address 200 Butler Road

City Frackville State PA Zip Code 17931

FEC ID number of contributing federal political committee. **C**

Name of Employer Mrs. T's Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2006

Transaction ID: C20075

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ronald Ulmer

Mailing Address 1527 Oak Road

City Pottsville State PA Zip Code 17901-3325

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: C19960

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **350.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
William J Varano

Mailing Address 181 Dairy Road

City State Zip Code
Tamaqua PA 18252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
W. J. Aquaculture Inc. Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2006

Transaction ID: C20062

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Vincent P. Wychunas

Mailing Address 1835 Elk Avenue

City State Zip Code
Pottsville PA 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Auto Restoration

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: C19929

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John R. Yaissle

Mailing Address 1802 Hamilton ST

City State Zip Code
Allentown PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Auto Body Shop Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: C20529

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Dick Yuengling

Mailing Address 124 South 26th Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer D.G. Yuengling & Son Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 28 / 2006

Transaction ID: C19943

Amount of Each Receipt this Period
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dick Yuengling

Mailing Address 124 South 26th Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee. **C**

Name of Employer D.G. Yuengling & Son Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2006

Transaction ID: C20227

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank J. Zukas

Mailing Address 1046 Beaver Dam

City Ashland State PA Zip Code 17921

FEC ID number of contributing federal political committee. **C**

Name of Employer Schuylkill Economic Dev. Corp. Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2006

Transaction ID: C20226

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	32575.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 126
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Dauphin County Democratic Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address C/O Peggy Grove 2600 North 2nd st		Transaction ID: C19986
City Harrisburg State PA Zip Code 17110	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Goodman For District Attorney Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 1800 West End Ave		Transaction ID: C20052
City Pottsville State PA Zip Code 17901	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Goodman For District Attorney Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006
Mailing Address 1800 West End Ave		Transaction ID: C20074
City Pottsville State PA Zip Code 17901	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Pine Grove Democratic Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 7 Maple Ave.		Transaction ID: C20303
City State Zip Code Pine Grove PA 17963	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Re-elect McAndrew Sheriff Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address Schuylkill County Courthouse P.O. Box 31		Transaction ID: C20477
City State Zip Code Lost Creek PA 17946	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Sanford Bishop For Congress		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address P.O. Box 909		Transaction ID: C20561
City State Zip Code Columbus GA 31902	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Action Committee		Date of Receipt
Mailing Address For Rural Electrification 4301 Wilson Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2006
City	State	Zip Code
Arlington	VA	22203-1860
FEC ID number of contributing federal political committee.		Transaction ID: C20618
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) B. Agri Mark LEGISLATION		Date of Receipt
Mailing Address EDUCATION COMMITT.-PAC P.O. Box 5800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2006
City	State	Zip Code
Lawrence	MA	01842
FEC ID number of contributing federal political committee.		Transaction ID: C20609
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	3500.00	

Full Name (Last, First, Middle Initial) C. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL A		Date of Receipt
Mailing Address 421 AVIATION WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2006
City	State	Zip Code
FREDERICK	MD	21701
FEC ID number of contributing federal political committee.		Transaction ID: C20567
C C00131185		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL A

Full Name (Last, First, Middle Initial)
Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C20628

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Amalgamated Transit Union COPE

Full Name (Last, First, Middle Initial)
Mailing Address 5025 Wisconsin Avenue, NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: C20622

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AMERICAN COLLEGE OF PHYSICIANS SERVICES INC PAC; AKA ACP SERVICES PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2011 PENNSYLVANIA AVE NW SUITE 800

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C20627

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 2 West Dixie Highway		Transaction ID: C20581
City State Zip Code Dania Beach FL 33004	FEC ID number of contributing federal political committee. C C00027532	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. American Medical Association		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address PAC 1101 VERMONT AVE., NW		Transaction ID: C20623
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) C. ARKEMA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2000 MARKET ST		Transaction ID: C20610
City State Zip Code PHILADELPHIA PA 19103	FEC ID number of contributing federal political committee. C C00182980	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Auction Markets Political Action		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address Committee of the Chicago Board 141 W. Jackson Blvd		Transaction ID: C19809
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. BAE SYSTEMS NORTH AMERICA INC. POLITICAL ACTION C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006
Mailing Address 1300 North 17th Street Suite 1400		Transaction ID: C20613
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C00281212		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Bank Of America Corp Fed Pac		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
Mailing Address 100 N Tryon Street		Transaction ID: C20571
City Charlotte	State NC	Zip Code 28255
FEC ID number of contributing federal political committee. C C00364778		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Blue Cross Plans PAC Of PA		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address Attn: Vincent Carocci P.O. Box 60710		Transaction ID: C20516
City State Zip Code Harrisburg PA 17106-0710	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) B. BRYAN CAVE LLP POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 700 13TH ST. NW SUITE 700		Transaction ID: C20237
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Buchanan Ingersoll Professional Corp.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address Committee for Effective Government 600 Grant Street		Transaction ID: C20503
City State Zip Code Pittsburgh PA 15219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Carpenters' Legis. Improv. Committ. PAC

Mailing Address 101 Constitution Avenue, N.W.
C00001016

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2006

Transaction ID: C19803

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CINGULAR WIRELESS LLC EMPLOYEE PAC

Mailing Address 5565 GLENRIDGE CONNECTOR
SUITE 1700

City State Zip Code
ATLANTA GA 30342

FEC ID number of contributing federal political committee. **C** C00368811

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: C20240

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Comcast Corp

Mailing Address Political Action Committee
1500 Market St

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: C20633

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Comcast Corp

Mailing Address Political Action Committee
1500 Market St

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C20634

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CouncilPAC Council of Insurance

Mailing Address Agents & Brokers PAC
701 Pennsylvania Ave NW , NO 750

City Washington State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: C20241

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave., NW,
South Bldg., Suite 600

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2006

Transaction ID: C19987

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
DEAC

Mailing Address Dealers Election Action Committee
8400 Westpark Drive

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 6

Transaction ID: C20585

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DEAN FOODS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 2515 McKinney Avenue Suite 1200

City State Zip Code
Dallas TX 75201

FEC ID number of contributing federal political committee. **C** C00340083

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 6

Transaction ID: C20573

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Exelon - PAC

Mailing Address P.O. Box 805379

City State Zip Code
Chicago IL 60680-5379

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 0 6

Transaction ID: C20617

Amount of Each Receipt this Period
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 942 South Shady Grove Road		Transaction ID: C20620
City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00068692	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. GANNETT FLEMING INC FEDERAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address PO BOX 67100		Transaction ID: C19847
City State Zip Code HARRISBURG PA 17106	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C C00141382	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Greenberg Traurig, P.A.C.		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1221 Brickell Ave		Transaction ID: C20606
City State Zip Code Miami FL 33131	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) HARDWOOD FEDERATION PAC INC		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1111 Nineteenth Street NW; Suite 800		Transaction ID: C20562
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00396671		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 1001 Pennsylvania Avenue Suite 700		Transaction ID: C19824
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00096156		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

C. Full Name (Last, First, Middle Initial) Independent Bankers PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address One Thomas Circle N.W. Suite 400		Transaction ID: C20594
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5250.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Independent Bankers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address One Thomas Circle N.W. Suite 400		Transaction ID: C20574
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5250.00	

Full Name (Last, First, Middle Initial) B. Internation Union Of Operating Engineers		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address Local 542 PAC 1375 Virginia DR, Suite 100		Transaction ID: C20479
City Fort Washington State PA Zip Code 19034	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. Internat'l Union Of Operating Engineers		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address EPEC 1125 Seventeenth St. NW.		Transaction ID: C20481
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2875.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Ironworkers Political Action League		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address Multi Candidate Committee 1750 New York Ave, NW		Transaction ID: C19806
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Ironworkers Political Action League		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address Multi Candidate Committee 1750 New York Ave, NW		Transaction ID: C20630
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Keystone LEADERSHIP ALLIANCE		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006
Mailing Address 419 S. Shamokin St		Transaction ID: C20518
City Shamokin State PA Zip Code 17872	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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 Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
LIVESTOCK MARKETING ASSOCIATION POLITICAL ACTION COMMITTEE (LMA-PAC)

Mailing Address 10510 NW AMBASSADOR DRIVE

City State Zip Code
KANSAS CITY MO 64153

FEC ID number of contributing federal political committee. **C** C00244400

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C20624

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NAPUS PAC

Mailing Address National Association Of Postmasters
8 Herbert Street

City State Zip Code
Alexandria VA 22305-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3125.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2006

Transaction ID: C19802

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE)

Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: C19804

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. National Air Traffic		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Controllers Association PAC 1325 Massachusetts Ave, N.W.		Transaction ID: C20615
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) B. National Association of Insurance		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address & Financial Advisors NAIFA PAC 2901 Telestar Court		Transaction ID: C20584
City Falls Church	State VA	Zip Code 22042
Amount of Each Receipt this Period 3000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 122 C STREET NW SUITE 650		Transaction ID: C20564
City Washington	State DC	Zip Code 20001
Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Precinct Targeting
FEC ID number of contributing federal political committee. C C00003558		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

Mailing Address 122 C STREET NW SUITE 650

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00003558

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2006

Transaction ID: C20565

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn

Mailing Address 100 Daingerfield RD

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2006

Transaction ID: C20578

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Rural Letter Carrier's Assoc.

Mailing Address 1630 Duke Street
4th Floor

City Alexandria State VA Zip Code 22314-3465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: C20611

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
National Turkey Federation

Mailing Address Attn: Joel Brandenberger
1225 New York Avenue

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: C20239

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nationwide Political Action Com

Mailing Address One Nationwide Plaza

City State Zip Code
Columbus OH 43215-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: C20576

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NBWA PAC National Beer

Mailing Address Wholesalers Association PAC
1101 S Washington Street

City State Zip Code
Alexandria VA 22314-4494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: C19825

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
NCFC CO-OP PAC National

Mailing Address Council of Farmer Cooperatives
Political Action Committee

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C20625

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NSSGA Rock PAC - C00089458

Mailing Address 1605 King St

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: C20537

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PATHPAC

Mailing Address 1350 I Street, NW. Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: C20614

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Penske Truck Leasing Co., L. P.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PAC P.O. Box 563		Transaction ID: C20583
City Reading	State PA	Zip Code 19603-0563
Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. PIAPAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Professional Insurance Agents PAC 400 North Washington Street		Transaction ID: C20612
City Alexandria	State VA	Zip Code 22314
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Potato Pac		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1300 L Street NW, Suite 910		Transaction ID: C20570
City Washington	State DC	Zip Code 20005-4107
Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. PP&L People For Good Govt - Federal		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Multicandidate committee Two North Ninth Street		Transaction ID: C20619
City Allentown State PA Zip Code 18101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Professional Airways		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Systems Specialists 1150 17th Street, Suite 702		Transaction ID: C20572
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Property Casualty Insurance Assoc		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 2600 South River Road		Transaction ID: C20575
City Des Plaines State IL Zip Code 60018	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Real Estate Investment Trusts

Mailing Address 1875 I Street, NW, Suite 600

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C20629

Amount of Each Receipt this Period
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SAFEWAY INC. POLITICAL ACTION COMMITTEE (SAFEPAC)

Mailing Address 5918 Stoneridge Mall Rd

City State Zip Code
Pleasanton CA 94588

FEC ID number of contributing federal political committee. **C** C00194084

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: C20616

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Saic Voluntary Pac

Mailing Address 10260 Campus Point Drive, Ms:F2

City State Zip Code
San Diego CA 92121-1522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: C19808

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Saic Voluntary Pac		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 10260 Campus Point Drive, Ms:F2		Transaction ID: C20621
City State Zip Code San Diego CA 92121-1522	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sheet Metal Workers International		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address IBPAT Political Fund 1750 New York Ave NW		Transaction ID: C20593
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 10000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Smithfield Foods Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 499 Park Avenue, Suite 600		Transaction ID: C20577
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER		Transaction ID: C20580
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00216127	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) B. Southern Minnesota Sugar		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address Cooperative PAC PO Box 500		Transaction ID: C20608
City Renville State MN Zip Code 56284	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼	4000.00	

Full Name (Last, First, Middle Initial) C. The NEA Fund For Children &		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Public Education 1201 16th Street, N.W., Suite 421		Transaction ID: C20595
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼	6000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 80 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
TYCO INTERNATIONAL (US) INC. EMPLOYEES POLITICAL A

Mailing Address 9 Roszel Road

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C** C00113753

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: C20540

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UAW-V-CAP United Auto

Mailing Address Workers Voluntary
8000 East Jefferson

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: C20579

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United Association Local Union 524

Mailing Address Steamfitters/Pipefitters/Plumbers
711 Corey Avenue

City State Zip Code
Scranton PA 18505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: C20480

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. United Labor Council Of Schuylkill Count		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address COPE Fund PO Box 475		Transaction ID: C20465
City Pottsville State PA Zip Code 17901	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMIT		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: C20242
City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 2650.00	
FEC ID number of contributing federal political committee. C C00064766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. United Union Of Roofers, Waterproofers		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006
Mailing Address Local 30 PAC & Educational Fund 6447 Torresdale Ave		Transaction ID: C20174
City Philadelphia State PA Zip Code 19135	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 126
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Zurich Group PAC

Mailing Address 1201 F. ST. NW STE 250

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	6

Transaction ID: C20582

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	100725.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 83 / 126	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial)
Petty Cash

Mailing Address Friends of Congressman Tim Holden
PO Box 37

City State Zip Code
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	6

Transaction ID: C20504

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Community Banks, NA		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006
Mailing Address Second and Carroll Street		Transaction ID: C19807
City State Zip Code Saint Clair PA 17970	Amount of Each Receipt this Period 1841.89	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 19820.85	

Full Name (Last, First, Middle Initial) B. Community Banks, NA		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address Second and Carroll Street		Transaction ID: C20064
City State Zip Code Saint Clair PA 17970	Amount of Each Receipt this Period 2334.74	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 19820.85	

Full Name (Last, First, Middle Initial) C. Community Banks, NA		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address Second and Carroll Street		Transaction ID: C20563
City State Zip Code Saint Clair PA 17970	Amount of Each Receipt this Period 2184.18	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 19820.85	

SUBTOTAL of Receipts This Page (optional) ▶	6360.81
TOTAL This Period (last page this line number only) ▶	6360.81

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Staples #437		Transaction ID: D6983 Date of Disbursement 08 / 25 / 2006
Mailing Address Rt 61		Amount of Each Disbursement this Period 41.63
City Pottsville State PA Zip Code 17901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies, paper, envelopes Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cooper & Secret Associates		Transaction ID: D7005 Date of Disbursement 09 / 11 / 2006
Mailing Address 228 South Washington Street Suite 330		Amount of Each Disbursement this Period 18935.00
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Elec survey summary 17th Dist Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank Card Services		Transaction ID: D6866 Date of Disbursement 07 / 03 / 2006
Mailing Address P.O. Box 15289		Amount of Each Disbursement this Period 92.41
City Wilmington State DE Zip Code 19850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	19069.04
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

<p>A. Bank Card Services</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 15289</p>		<p>Transaction ID: D6926 Date of Disbursement 08 / 03 / 2006</p>
<p>City Wilmington State DE Zip Code 19850</p>	<p>Purpose of Disbursement SEE BELOW</p>	<p>Amount of Each Disbursement this Period 273.02</p>
<p>Candidate Name</p>	<p>Category/ Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Bank Card Services</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 15289</p>		<p>Transaction ID: D6994 Date of Disbursement 09 / 06 / 2006</p>
<p>City Wilmington State DE Zip Code 19850</p>	<p>Purpose of Disbursement SEE BELOW</p>	<p>Amount of Each Disbursement this Period 1148.54</p>
<p>Candidate Name</p>	<p>Category/ Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Our Lads Beer & Soda Dist.</p> <p>Full Name (Last, First, Middle Initial) Mailing Address East Centre Street</p>		<p>Transaction ID: D6958 Date of Disbursement 08 / 22 / 2006</p>
<p>City Ashland State PA Zip Code 17921</p>	<p>Purpose of Disbursement Beer Pig roast</p>	<p>Amount of Each Disbursement this Period 615.00</p>
<p>Candidate Name</p>	<p>Category/ Type 003</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2036.56</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Joseph Benish		Transaction ID: D6966 Date of Disbursement 08 / 25 / 2006
Mailing Address 320 S. Middlesex Rd		Amount of Each Disbursement this Period 1500.00
City Carlisle State PA Zip Code 17013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Relations Consulting Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Joseph Benish		Transaction ID: D7003 Date of Disbursement 09 / 08 / 2006
Mailing Address 320 S. Middlesex Rd		Amount of Each Disbursement this Period 1500.00
City Carlisle State PA Zip Code 17013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Relations Consulting Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Berks County Democratic Committee		Transaction ID: D6877 Date of Disbursement 07 / 07 / 2006
Mailing Address 434 Walnut Street		Amount of Each Disbursement this Period 75.00
City Reading State PA Zip Code 19601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets for July 16 Picnic Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3075.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Coca Cola Bottling Company		Transaction ID: D6975 Date of Disbursement 08 / 25 / 2006
Mailing Address 2200 West Market Street		Amount of Each Disbursement this Period 364.43
City Pottsville State PA Zip Code 17901	Purpose of Disbursement Soda & Rental Equipment - Pig Roast	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Scott Brennan		Transaction ID: D6984 Date of Disbursement 08 / 29 / 2006
Mailing Address R.D. 3, Mill Creek		Amount of Each Disbursement this Period 180.09
City Pottsville State PA Zip Code 17901	Purpose of Disbursement Beveages 8/18/06	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Americas Campaign Store		Transaction ID: D6970 Date of Disbursement 07 / 28 / 2006
Mailing Address P.O. Box 1612		Amount of Each Disbursement this Period 1185.12
City Jeffersonville State IN Zip Code 47131	Purpose of Disbursement Campaign materials	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	544.52
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Americas Campaign Store		Transaction ID: D6972 Date of Disbursement 08 / 07 / 2006
Mailing Address P.O. Box 1612		Amount of Each Disbursement this Period 353.63
City Jeffersonville State IN Zip Code 47131	Purpose of Disbursement Campaign materials Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Petty Cash		Transaction ID: D6945 Date of Disbursement 08 / 18 / 2006
Mailing Address Friends of Congressman Tim Holden PO Box 37		Amount of Each Disbursement this Period 300.00
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement Cash for Door at Pig Roast 8/18/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. All About You Catering		Transaction ID: D7027 Date of Disbursement 09 / 22 / 2006
Mailing Address 73 Moravian St		Amount of Each Disbursement this Period 1010.60
City Lebanon State PA Zip Code 17042	Purpose of Disbursement Fundraiser Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1310.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: D6968 Date of Disbursement 07 / 17 / 2006	
Mailing Address 30 Ivy Street		Amount of Each Disbursement this Period 291.69	
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Food/beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Community Banks, NA		Transaction ID: D6921 Date of Disbursement 08 / 03 / 2006	
Mailing Address Second and Carroll Street		Amount of Each Disbursement this Period 333.50	
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement Employee WT&SS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Community Banks, NA		Transaction ID: D6987 Date of Disbursement 09 / 01 / 2006	
Mailing Address Second and Carroll Street		Amount of Each Disbursement this Period 166.75	
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement Employee WT&SS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	500.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Community Banks, NA

Full Name (Last, First, Middle Initial)
Mailing Address: Second and Carroll Street

City: Saint Clair State: PA Zip Code: 17970

Purpose of Disbursement: Bank Charges
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D7007
Date of Disbursement
09 / 11 / 2006

Amount of Each Disbursement this Period
11.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. PA Unemployment Compensation Fund

Full Name (Last, First, Middle Initial)
Mailing Address: Labor & Industry Bldg. 7th & Forrester Streets, P.O. BOX

City: Harrisburg State: PA Zip Code: 17106

Purpose of Disbursement: PUC EXP& WT
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D6880
Date of Disbursement
07 / 12 / 2006

Amount of Each Disbursement this Period
237.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Country Beverage

Full Name (Last, First, Middle Initial)
Mailing Address: 107 Route 183 North

City: Schuylkill Haven State: PA Zip Code: 17972

Purpose of Disbursement: Beverage - Pig Roast
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D6961
Date of Disbursement
08 / 23 / 2006

Amount of Each Disbursement this Period
1523.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ► **1772.49**

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

<p>A. Full Name (Last, First, Middle Initial) Schuylkill County Country Club</p>		<p>Transaction ID: D6998 Date of Disbursement 08 / 19 / 2006</p>	
<p>Mailing Address P.O. Box 316</p>		<p>Amount of Each Disbursement this Period 1012.33</p>	
<p>City Orwigsburg State PA Zip Code 17961</p>	<p>Purpose of Disbursement Fund raiser, food 08/17/06</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type 003</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Full Name (Last, First, Middle Initial) Schuylkill County Country Club</p>		<p>Transaction ID: D6965 Date of Disbursement 08 / 25 / 2006</p>	
<p>Mailing Address P.O. Box 316</p>		<p>Amount of Each Disbursement this Period 1779.06</p>	
<p>City Orwigsburg State PA Zip Code 17961</p>	<p>Purpose of Disbursement Fund raiser, beverages 08/17/06</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type 003</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Full Name (Last, First, Middle Initial) Democratic Co. Comm. Of Berks</p>		<p>Transaction ID: D7001 Date of Disbursement 09 / 08 / 2006</p>	
<p>Mailing Address 434 Walnut St</p>		<p>Amount of Each Disbursement this Period 72.50</p>	
<p>City Reading State PA Zip Code 19601</p>	<p>Purpose of Disbursement Tent Cost Oley&Reading Fair</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1851.56</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Joseph J. Devine		Transaction ID: D6985 Date of Disbursement 08 / 29 / 2006
Mailing Address 2028 West Market Street		Amount of Each Disbursement this Period 300.00
City Pottsville State PA Zip Code 17901	Purpose of Disbursement D.J Pig Roast 8/18/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. US House Members Dine		Transaction ID: D6928 Date of Disbursement 07 / 24 / 2006
Mailing Address U.S. Capital Building, Room #117		Amount of Each Disbursement this Period 218.34
City Washington State DC Zip Code 20515	Purpose of Disbursement Food/beverage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Eastern Press		Transaction ID: D6898 Date of Disbursement 07 / 21 / 2006
Mailing Address P.O. Box 1232 2067 W. Market Street		Amount of Each Disbursement this Period 835.22
City Pottsville State PA Zip Code 17901	Purpose of Disbursement Pig Roast Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1135.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. HAB - EIT		Transaction ID: D6879 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address P.O. Box 900		Amount of Each Disbursement this Period 22.50	
City Bangor State PA Zip Code 18013	Purpose of Disbursement 02/Q/06 LT&EM Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D6899 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6	
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 393.66	
City Newark State NJ Zip Code 07101	Purpose of Disbursement Sell Below Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D6967 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 3928.08	
City New York State NY Zip Code 10116	Purpose of Disbursement See Below Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4344.24
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D7023 Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 165.12
City New York State NY Zip Code 10116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See Below Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wehry Farms		Transaction ID: D6959 Date of Disbursement 08 / 22 / 2006
Mailing Address RD#1 Box 170-A		Amount of Each Disbursement this Period 452.42
City Klingerstown State PA Zip Code 17941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Pigs for Roast- Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. St. Clair Fish & Game		Transaction ID: D6974 Date of Disbursement 08 / 25 / 2006
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 250.00
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rental, Pig Roast 8/18/06 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	867.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

<p>A. Ed Grigas</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 211 S 3rd St</p> <p>City Frackville State PA Zip Code 17931</p> <p>Purpose of Disbursement 08/18/06 Pig Roast Tent Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6963</p> <p>Date of Disbursement</p> <p>08 / 23 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1179.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>003</p>

<p>B. Bonner Group, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 523523</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Election&Consulting Fee July2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6878</p> <p>Date of Disbursement</p> <p>07 / 07 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>3750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Bonner Group, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 523523</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Phone,copies,postage, office ex MAY 2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6881</p> <p>Date of Disbursement</p> <p>07 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1346.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6276.71</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Bonner Group, Inc.		Transaction ID: D6916 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address PO Box 523523		Amount of Each Disbursement this Period 3750.00
City Springfield State VA Zip Code 22152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Election&Consulting Fee August 2006 Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bonner Group, Inc.		Transaction ID: D6942 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address PO Box 523523		Amount of Each Disbursement this Period 2128.22
City Springfield State VA Zip Code 22152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Election&Consulting Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bonner Group, Inc.		Transaction ID: D6979 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO Box 523523		Amount of Each Disbursement this Period 1578.54
City Springfield State VA Zip Code 22152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone,copies,postage, office ex Jul 2006 Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7456.76
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Bonner Group, Inc.		Transaction ID: D6980 Date of Disbursement 08 / 25 / 2006
Mailing Address PO Box 523523		Amount of Each Disbursement this Period 3750.00
City Springfield	State VA Zip Code 22152	
Purpose of Disbursement Election&Consulting Fee September		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hunan Dynasty		Transaction ID: D6969 Date of Disbursement 07 / 25 / 2006
Mailing Address 215 Pennsylvania Ave, SE#2		Amount of Each Disbursement this Period 54.90
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food/beverage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Kathleen Kanish		Transaction ID: D6874 Date of Disbursement 07 / 07 / 2006
Mailing Address 424 South 2nd St.		Amount of Each Disbursement this Period 609.21
City Saint Clair	State PA Zip Code 17970	
Purpose of Disbursement PPE June 2006		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4359.21
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Kathleen Kanish Full Name (Last, First, Middle Initial) Mailing Address 424 South 2nd St. City Saint Clair State PA Zip Code 17970 Purpose of Disbursement Reimbursement for office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6904 Date of Disbursement 07 / 21 / 2006 Amount of Each Disbursement this Period 52.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Kathleen Kanish Full Name (Last, First, Middle Initial) Mailing Address 424 South 2nd St. City Saint Clair State PA Zip Code 17970 Purpose of Disbursement PPE July 2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6918 Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 609.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Kathleen Kanish Full Name (Last, First, Middle Initial) Mailing Address 424 South 2nd St. City Saint Clair State PA Zip Code 17970 Purpose of Disbursement Wages Pay Period Ended PPE August 2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6982 Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 609.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1270.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Kathleen Kanish		Transaction ID: D7037 Date of Disbursement 09 / 29 / 2006
Mailing Address 424 South 2nd St.		Amount of Each Disbursement this Period 609.21
City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wage Pay Period 9/2006 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Butter Krust Baking Co		Transaction ID: D6957 Date of Disbursement 08 / 22 / 2006
Mailing Address RR#1 Box 101-A		Amount of Each Disbursement this Period 246.10
City Northumberland State PA Zip Code 17857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rolls - Pig roast Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lebanon County		Transaction ID: D6943 Date of Disbursement 08 / 11 / 2006
Mailing Address Democratic Committee P.O. Box 1128		Amount of Each Disbursement this Period 150.00
City Lebanon State PA Zip Code 17042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraiser 8/11/06 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1005.31
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Lebanon County		Transaction ID: D6991 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address Democratic Committee P.O. Box 1128		Amount of Each Disbursement this Period 100.00
City Lebanon State PA Zip Code 17042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Half page program Advertisement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Wolkys Mini Mart		Transaction ID: D6960 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address RT #924		Amount of Each Disbursement this Period 425.00
City Sheppton State PA Zip Code 18248	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bleenie/Grill Pig roast Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Tom McMullen		Transaction ID: D6954 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 34 South Felty Rd		Amount of Each Disbursement this Period 1825.00
City Pine Grove State PA Zip Code 17963	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 3 Pigs - Pig Roast Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2350.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Miller Distributing		Transaction ID: D6962 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 300 South Fourth Street One Miller Plaza, P.O. Box 6		Amount of Each Disbursement this Period 536.98
City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Paper products Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS		Transaction ID: D7019 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 122 C STREET NW SUITE 650		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Demographic Targeting Candidate Name Committee For An Effective Congress	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

Full Name (Last, First, Middle Initial) C. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS		Transaction ID: D7017 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 122 C STREET NW SUITE 650		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Precinct Targeting Candidate Name Committee For An Effective Congress	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

SUBTOTAL of Disbursements This Page (optional) ▶	3536.98
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Thomas V. Nawrocki		Transaction ID: D6873 Date of Disbursement 07 / 07 / 2006	
Mailing Address 18 N. 2nd St.		Amount of Each Disbursement this Period 1350.00	
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement June Accounting and Bookkeeping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Thomas V. Nawrocki		Transaction ID: D6915 Date of Disbursement 07 / 28 / 2006	
Mailing Address 18 N. 2nd St.		Amount of Each Disbursement this Period 1350.00	
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement July Accounting & Bookkeeping fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Thomas V. Nawrocki		Transaction ID: D6978 Date of Disbursement 08 / 25 / 2006	
Mailing Address 18 N. 2nd St.		Amount of Each Disbursement this Period 1350.00	
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement August Accounting & Bookkeeping Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4050.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. P & K Sales		Transaction ID: D6934 Date of Disbursement 08 / 11 / 2006
Mailing Address P.O. Box 68		Amount of Each Disbursement this Period 488.63
City Port Carbon State PA Zip Code 17965	Purpose of Disbursement Wristbands for Pig Roast Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PA Dept. of Revenue		Transaction ID: D6924 Date of Disbursement 08 / 03 / 2006
Mailing Address Dept 280401		Amount of Each Disbursement this Period 46.46
City Harrisburg State PA Zip Code 17128	Purpose of Disbursement Employee S.I.T. payable Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PA Dept. of Revenue		Transaction ID: D6989 Date of Disbursement 09 / 01 / 2006
Mailing Address Dept 280401		Amount of Each Disbursement this Period 23.23
City Harrisburg State PA Zip Code 17128	Purpose of Disbursement Employee WT Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	558.32
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Anthony A. Petrozino		Transaction ID: D6956 Date of Disbursement 08 / 22 / 2006
Mailing Address 339 South Nicholas Street		Amount of Each Disbursement this Period 348.70
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement Reimbursement food items -pig roast Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Iron Workers Political Aciton Lea		Transaction ID: D6925 Date of Disbursement 08 / 03 / 2006
Mailing Address 981 North Peiffers Lane		Amount of Each Disbursement this Period 250.00
City Harrisburg State PA Zip Code 17109	Purpose of Disbursement 1/2 Page Advertisement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Pottsville City Democratic Committee		Transaction ID: D6917 Date of Disbursement 07 / 28 / 2006
Mailing Address P.O. Box 66 321 West Market Street		Amount of Each Disbursement this Period 15.00
City Pottsville State PA Zip Code 17901	Purpose of Disbursement 1 ticket to picnic Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	613.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Creative Printing Company		Transaction ID: D6892 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 430 S. Hoffman Boulevard		Amount of Each Disbursement this Period 2848.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ashland State PA Zip Code 17921		
Purpose of Disbursement Letter/envelopes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Printing Company		Transaction ID: D7021 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 430 S. Hoffman Boulevard		Amount of Each Disbursement this Period 1113.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ashland State PA Zip Code 17921		
Purpose of Disbursement Reply Cards Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Steve Rennick		Transaction ID: D6955 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1 Overlook Drive		Amount of Each Disbursement this Period 165.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Clair State PA Zip Code 17970		
Purpose of Disbursement Reimburse for food 8/18/06 pig roast Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4126.22
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Pottsville Republican Full Name (Last, First, Middle Initial) Mailing Address 111 Mahantongo St City Pottsville State PA Zip Code 17901 Purpose of Disbursement 2 Advertisement for Pig Roast 8/18/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6920 Date of Disbursement 08 / 03 / 2006 Amount of Each Disbursement this Period 183.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Fire House Restaurant Full Name (Last, First, Middle Initial) Mailing Address 606 North 2nd ST City Harrisburg State PA Zip Code 17101 Purpose of Disbursement Food/beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6971 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 2003.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Community Review Full Name (Last, First, Middle Initial) Mailing Address 3400 N. 6th St City Harrisburg State PA Zip Code 17110 Purpose of Disbursement Advertisement 1/4 page Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6988 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 190.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	373.40
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Kim Russell Seibert Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 105 City Port Carbon State PA Zip Code 17965 Purpose of Disbursement Piano player, Quandel Event 8/17/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6949 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Santoni For State Representative Full Name (Last, First, Middle Initial) Mailing Address PO. Box 12893 City Reading State PA Zip Code 19612 Purpose of Disbursement Fundraiser contribution 8/23/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6933 Date of Disbursement 08 / 09 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Schuylkill County Democratic Committee Full Name (Last, First, Middle Initial) Mailing Address 321 W. Market Street P.O. Box 66 City Pottsville State PA Zip Code 17901 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6929 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

<p>A. Felty Transportation</p> <p>Full Name (Last, First, Middle Initial) Felty Transportation</p> <p>Mailing Address 141 Valley Road</p> <p>City Tamaqua State PA Zip Code 18252</p> <p>Purpose of Disbursement Bus Girls Softball</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D6903</p> <p>Date of Disbursement 07 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. U.S. Postmaster (Harrisburg)</p> <p>Full Name (Last, First, Middle Initial) U.S. Postmaster (Harrisburg)</p> <p>Mailing Address Federal Square Station</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement P.O.Box Fee #947 2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D7000</p> <p>Date of Disbursement 09 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 144.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. U.S. Postmaster (St. Clair)</p> <p>Full Name (Last, First, Middle Initial) U.S. Postmaster (St. Clair)</p> <p>Mailing Address 10 West Carroll Street</p> <p>City St. Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Stamps - 100 Office</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D6871</p> <p>Date of Disbursement 07 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 46.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>490.78</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. U.S. Postmaster (St. Clair)		Transaction ID: D6896 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 844.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Clair State PA Zip Code 17970		
Purpose of Disbursement Stamps 1st mailing Pig Roast Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster (St. Clair)		Transaction ID: D6907 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 1066.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Clair State PA Zip Code 17970		
Purpose of Disbursement Stamps 2nd Mailing pig roast Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster (St. Clair)		Transaction ID: D6911 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Clair State PA Zip Code 17970		
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1949.83
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. U.S. Postmaster (St. Clair)		Transaction ID: D6944 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 39.00
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage- Thankyou notes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster (St. Clair)		Transaction ID: D6986 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 5.12
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster (St. Clair)		Transaction ID: D7002 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 2.07
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage- Trish Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	46.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. U.S. Postmaster (St. Clair)		Transaction ID: D7006 Date of Disbursement 09 / 11 / 2006
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 2.79
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Special Mailing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster (St. Clair)		Transaction ID: D7010 Date of Disbursement 09 / 15 / 2006
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 39.00
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 100 Stamps	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster (St. Clair)		Transaction ID: D7031 Date of Disbursement 09 / 25 / 2006
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 39.00
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 100 Stamps-thank you notes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

80.79

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. U.S. Postmaster (St. Clair)		Transaction ID: D7036 Date of Disbursement 09 / 27 / 2006
Mailing Address 10 West Carroll Street		Amount of Each Disbursement this Period 14.40
City St. Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Overnite delivery to Trish Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster, Reading		Transaction ID: D7034 Date of Disbursement 09 / 26 / 2006
Mailing Address 2100 North 13th st Attn: Ms. Sandra Keller-Williams		Amount of Each Disbursement this Period 14.40
City Reading State PA Zip Code 19612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Overnite delivery-refund check Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D6893 Date of Disbursement 07 / 18 / 2006
Mailing Address PO Box 28000		Amount of Each Disbursement this Period 130.67
City Lehigh Valley State PA Zip Code 18002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone-424 S. 2nd St. St. Clair Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	159.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D6894 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6	
Mailing Address PO Box 28000		Amount of Each Disbursement this Period 31.65	
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Modem 18 N. 2nd St Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D6935 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address PO Box 28000		Amount of Each Disbursement this Period 31.45	
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Modem 18 N. 2nd St Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D6936 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address PO Box 28000		Amount of Each Disbursement this Period 128.23	
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Phone-424 S. 2nd St. St. Clair Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	191.33
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D7013 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 28000		Amount of Each Disbursement this Period 130.59
City Lehigh Valley State PA Zip Code 18002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone-424 S. 2nd St. St. Clair Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D7012 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 28000		Amount of Each Disbursement this Period 31.44
City Lehigh Valley State PA Zip Code 18002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Modem 18 N. 2nd St Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

162.03

TOTAL This Period (last page this line number only)

77364.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial)
A. CouncilPAC Council of Insurance

Transaction ID: D7033

Date of Disbursement

Mailing Address Agents & Brokers PAC
701 Pennsylvania Ave NW , NO 750

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

City Washington State DC Zip Code 20004-2608

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund requested by ContributCheck #3088

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. The Pottsville Hosp. & Warne Clinic		Transaction ID: D6912 Date of Disbursement 07 / 25 / 2006
Mailing Address 420 S. Jackson Street		Amount of Each Disbursement this Period 300.00
City Pottsville State PA Zip Code 17901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donaton golf tournament	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bill Evans For State Representative		Transaction ID: D6890 Date of Disbursement 07 / 18 / 2006
Mailing Address 23 Wernersville		Amount of Each Disbursement this Period 1000.00
City Wernersville State PA Zip Code 19565	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Casey For Pa. Committee		Transaction ID: D6883 Date of Disbursement 07 / 14 / 2006
Mailing Address P.O. Box 22469		Amount of Each Disbursement this Period 1000.00
City Philadelphia State PA Zip Code 19110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 126

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Brad Ellsworth For Congress		Transaction ID: D6885 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 123 NW 4TH ST, Suite 521		Amount of Each Disbursement this Period 1000.00
City Evansville State IN Zip Code 47708	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee For A Better Harrisburg		Transaction ID: D6976 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 1284		Amount of Each Disbursement this Period 100.00
City Harrisburg State PA Zip Code 17108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation, Mayor Reed 8/28/06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Congress Campaigning Committee		Transaction ID: D6905 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E., 2n		Amount of Each Disbursement this Period 30000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited transfer to a National Party C	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	31100.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Democratic Congress Campaigning Committee		Transaction ID: D6913 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E., 2n		Amount of Each Disbursement this Period 20000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited transfer to a National Party C		Category/ Type
Candidate Name		
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Congress Campaigning Committee		Transaction ID: D6931 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E., 2n		Amount of Each Disbursement this Period 30000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited transfer to a National Party C		Category/ Type
Candidate Name		
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Congress Campaigning Committee		Transaction ID: D6964 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E., 2n		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited transfer to a National Party C		Category/ Type
Candidate Name		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	75000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Black Diamond Lodge F.O.P.		Transaction ID: D6891 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 614		Amount of Each Disbursement this Period 150.00
City Minersville State PA Zip Code 17954	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Business Card Ad	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boswell For Congress		Transaction ID: D7008 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address C/O Democratic National Headquarte 430 S. Capitol St. SE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harold Ford For Tennessee		Transaction ID: D6884 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 209 10th Ave. South		Amount of Each Disbursement this Period 1000.00
City Nashville State TN Zip Code 37203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3150.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Hooley For Congress		Transaction ID: D7030 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 2050		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97308	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Jim Marshall		Transaction ID: D7035 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 125		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Macon State GA Zip Code 31202	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lucas for Congress		Transaction ID: D6914 Date of Disbursement 07 / 28 / 2006
Mailing Address 3109 Airline Blvd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portsmouth State VA Zip Code 23701	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Lucas for Congress Full Name (Last, First, Middle Initial) Lucas for Congress Mailing Address 3109 Airline Blvd City Portsmouth State VA Zip Code 23701 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7029 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mike Callaghan For Congress Full Name (Last, First, Middle Initial) Mike Callaghan For Congress Mailing Address P.O. Box 3002 City Charleston State WV Zip Code 25331 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7032 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Alan Mollohan For Congress Full Name (Last, First, Middle Initial) Alan Mollohan For Congress Mailing Address 1343 Fairmont City Fairmont State WV Zip Code 26555 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7016 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Pine Grove Democratic Committee Full Name (Last, First, Middle Initial) Pine Grove Democratic Committee Mailing Address 7 Maple Ave. City Pine Grove State PA Zip Code 17963 Purpose of Disbursement Picnic Tickets (12) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6886 Date of Disbursement 07 / 14 / 2006 Amount of Each Disbursement this Period 144.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Pottsville City Democratic Committee Full Name (Last, First, Middle Initial) Pottsville City Democratic Committee Mailing Address P.O. Box 66 321 West Market Street City Pottsville State PA Zip Code 17901 Purpose of Disbursement 7 tickets to picnic Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D6910 Date of Disbursement 07 / 25 / 2006 Amount of Each Disbursement this Period 105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Committee To Bring Back Baron Full Name (Last, First, Middle Initial) Committee To Bring Back Baron Mailing Address 208 West 2nd St City Seymour State IN Zip Code 47274 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7020 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	2249.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

Full Name (Last, First, Middle Initial) A. Victory 2006 Maine Democratic Party		Transaction ID: D6908 Date of Disbursement
Mailing Address 16 Winthrop St		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City Augusta	State ME	Zip Code 04330
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lebanon Valley YMCA		Transaction ID: D6895 Date of Disbursement
Mailing Address 201 North 7th ST		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Lebanon	State PA	Zip Code 17046
Purpose of Disbursement Golf tournament sponsor	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="190.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alexander K. Nagy	Nature of Debt (Purpose): Win - Bonus
Mailing Address 314 A ST, SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 339.20	Transaction ID: D4871	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 339.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Community Banks, NA	Nature of Debt (Purpose): 11/02 Withholding Taxes
Mailing Address Second and Carroll Street	
City State ZIP Code Saint Clair PA 17970	

Outstanding Balance Beginning This Period 747.56	Transaction ID: D1488	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 747.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Daren J. Berringer	Nature of Debt (Purpose): Win - Bonus
Mailing Address 115 North St, Apt 202	
City State ZIP Code Harrisburg PA 17101	

Outstanding Balance Beginning This Period 29.40	Transaction ID: D4938	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29.40

1) SUBTOTALS This Period This Page (optional).....	1116.16
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 126 / 126
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Douglas W. Anderson III	Nature of Debt (Purpose): Win - Bonus
Mailing Address 34 Redgerneest Drive	
City State ZIP Code Pittsburgh PA 15235	

Outstanding Balance Beginning This Period	Transaction ID: D4900	
72.05		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	72.05

1) SUBTOTALS This Period This Page (optional).....	72.05
2) TOTALS This Period (last page this line number only).....	1188.21
3) TOTALS 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)	