



The Rohn and Haas Employees Association for Better Government
Independence Mall West, Philadelphia, PA 19105 (215) 592-3538

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR -7 A 9:52

April 5, 2000

Mr. Neil A. Evans
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Mr. Evans:

In follow up to my recent correspondence with you of February 2, I wanted to alert you that this first quarter report will also include December as well as January, February and March. While December would not normally fall within the first quarter, I had not accounted for it year end because I had no validation from the bank that the proceeds had been deposited. You instructed me to keep the months within a reporting period more aligned, which I will now be able to do forthwith. I didn't know how else to reflect the receipts for that particular period.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Linda F. Ward".

Linda F. Ward
ROHPAC Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

003 APR -7 A 9:52

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Rohm and Haas Employees Assoc. for Better Government	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 100 INDEPENDENCE MALL WEST	
CITY, STATE and ZIP CODE PHILADELPHIA, PA 19106-2399	
2. FEC IDENTIFICATION NUMBER C00039057	
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/00 through 3/31/00		
6. (a) Cash on Hand January 1, 38	^{2,000}		\$ 23,949.51
(b) Cash on Hand at Beginning of Reporting Period		\$ 23,949.51	
(c) Total Receipts (from Line 19)		\$ 18,547.21	\$ 18,547.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 42,496.72	\$ 42,496.72
7. Total Disbursements (from Line 20)		\$ 12,265.00	\$ 12,265.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 30,231.72	\$ 30,231.72
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9500 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	
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 LINDA F. WARD			Date
Signature of Treasurer Linda F. Ward			4/5/00

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Rohm and Haas Employees Assoc. for Better Government	FROM 1/1/00	TO 3/31/00
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	14,940.00	14,940.00
ii. Unitemized	3,513.00	3,513.00
iii. Total (add i and ii) >	18,453.00	18,453.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) >	18,453.00	18,453.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	94.21	94.21
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	18,547.21	18,547.21
20. Total Federal Receipts (subtract line 18 from line 19) >	18,547.21	18,547.21
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,000.00	9,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements <i>NON-FEDERAL</i>	3,265.00	3,265.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,265.00	12,265.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	12,265.00	12,265.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	18,453.00	18,453.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans) (subtract line 33 from 32)	18,453.00	18,453.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)		Rohm and Haas Employees Assoc. for Better Government		
A. Full Name, Mailing Address and ZIP Code JOHN F. McKEOGH 23 SURREY DR. CHURCHVILLE, PA 18946		Name of Employer ROHM AND HAAS CO.	Date (month, day, year) 1/14/00	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, DIR., COMPS + PWD. RELS. Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code WALTER W. BECKY II 101 FARNHAM LANE EAST WHEATON, IL 60187		Name of Employer ROHM AND HAAS CO.	Date (month, day, year) 4/2/00	Amount of Each Receipt this Period 625.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, BUS. DIR., SALT PRES., MORTON SALT Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code TONY KHOURI 5000 EAST CANNON PARADISE VALLEY, AZ 85253		Name of Employer ROHM AND HAAS CO. (RDEL, INC.)	Date (month, day, year) 2/24/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRES. - CEO, RDEL Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code JACQUES CROISSETIERE 8 AVENUE DES TERRES PARS 75011 FRANCE		Name of Employer ROHM AND HAAS CO.	Date (month, day, year) 3/6/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, BUS. DIR., IER Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code THOMAS L. ARCHIBALD 901 CHESTERFIELD DR. LOWER MERIDEN, PA 19002		Name of Employer ROHM AND HAAS CO.	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt this Period 400.00 (\$100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, DIR. OPERS. + MFG. Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code PAUL J. BABUINI 1 FULLERTON RD. MOORESTOWN, NJ 08057		Name of Employer ROHM AND HAAS CO.	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt this Period 336.00 (\$4 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, DIR. ENG. Aggregate Year-to-Date > \$ 336.00		
G. Full Name, Mailing Address and ZIP Code ALAN E. BARTON 117 EDGEHILL RD. BALA CYNWLD, PA 19004		Name of Employer ROHM AND HAAS CO.	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt this Period 400.00 (\$100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, BUS DIR. COATINGS Aggregate Year-to-Date > \$ 400.00		
SUBTOTAL of Receipts This Page (optional)				4761.00
TOTAL This Period (last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) **Rohm and Haas Employees Assn. for Better Government**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY BELL 1121 BARBERRY RD. DRYDEN MAWR, PA 19010	ROHM AND HAAS CO.	Payroll Deduction	\$ 1200.00 (*300 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. VP, CHIEF FILE OFF. Aggregate Year-to-Date > \$ 1200.00		
PIERRE R. BRONDEAU 45 ALONDUM RD. NATICK, MA 01760	ROHM AND HAAS CO (SHIPLEY, IND.)	Payroll Deduction	400.00 (*100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, BUS. GRP. DIR, ELECT MATS, PREPARED SHIRLEY Aggregate Year-to-Date > \$ 400.00		
A. WAYNE CARNEY 39 HARLOWGATE DR. CHERRY HILL, NJ 08003	ROHM AND HAAS CO.	Payroll Deduction	240.00 (*60 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, CAD/CAM PAINT Aggregate Year-to-Date > \$ 240.00		
PATRICK R. COLLAM 756 N. STANWICK RD. MORRESTOWN, NJ 08051	ROHM AND HAAS CO.	Payroll Deduction	800.00 (*200 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. VP, BUS. GRP. DIR. PERF. POLYMERS Aggregate Year-to-Date > \$ 800.00		
CARLOS ESTEVEZ 466 GREEN VIEW COURT NORRISTOWN, PA 19401	ROHM AND HAAS CO.	Payroll Deduction	400.00 (*100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, BUS. DIR. AG CHEMS. Aggregate Year-to-Date > \$ 400.00		
J. MICHAEL FITZPATRICK 610 CREEK LANE FLOARTOWN, PA 19031-1113	ROHM AND HAAS CO.	Payroll Deduction	1600.00 (*400 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES., CEO Aggregate Year-to-Date > \$ 1,600.00		
MARISA GUERIN 4621 OSAGE AVE. PHILADELPHIA, PA 19143	ROHM AND HAAS CO.	Payroll Deduction	3.50 (*125 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED; HR CONSULTANT Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$ 5,615.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **8**
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): Rohm and Haas Employees Assoc. for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANIV L. GUPTA 234 RAVENSCLIFF DR. ST. DAVIDS, PA 19087	ROHM AND HAAS CO. Occupation CHAIRMAN, CEO	Payroll Deduction	\$ 1,600.00 (*400 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT A. LOWRIGAN 255 PINE ST. PHILADELPHIA, PA 19106	ROHM AND HAAS CO. Occupation VP, GEN. COUNSEL	Payroll Deduction	400.00 (*900 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES M. TATUM 60 HIGHGATE LANE BLUE BELL, PA 19422	ROHM AND HAAS CO. Occupation SR. VP, CHIEF TECH. OFFICER	Payroll Deduction	320.00 (*80 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R. UNDERWOOD 5 REYNARD RD. MALVERN, PA 19001	ROHM AND HAAS CO. Occupation VP, BUS. DIR. PLASTICS ADDITIVES	Payroll Deduction	360.00 (*90 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT P. VOGEL 1463 HUNTINGDON RD. ABINGTON, PA 19001	ROHM AND HAAS CO. Occupation RETIRED GENL COUNSEL	Payroll Deduction	\$ 250.00 (*84 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 330.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNE WILMS 256 IVEN AVE., #2A ST. DAVIDS, PA 19087	ROHM AND HAAS CO. Occupation VP, DIR, INFO. TECH.	Payroll Deduction	\$ 400.00 (*100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCE K. DICCIANI 21, AVENUE PIERRE 1ER DE SERAIE 75116 PARIS, FRANCE	ROHM AND HAAS CO. Occupation SR. VP, BUS. GRP. DIR. CHM. SPECS. DIR. EXP. REG.	Payroll Deduction	\$ 400.00 (*100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

3,732.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) **Rohm and Haas Employees Assoc. for Better Government**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICHOLAS A. GUTWEIN 56 RUE TAREHE 92210 ST. CLOUD, FRANCE	ROHM AND HAAS CO		\$ 400.00 (4100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, BUS. DIR. ADHES. & SERVICES Aggregate Year-to-Date > \$ 400.00	Payroll Deduction	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GUILLERMO NOUD 16219 SW 77 COURT MIAMI, FL 33157	ROHM AND HAAS CO.		332.00 (\$ 3.3 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, DIR. LATIN AMER. REG. Aggregate Year-to-Date > \$ 332.00	Payroll Deduction	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH J. FORISH 608 ADDISON ST. PHILADELPHIA, PA 19147	ROHM AND HAAS CO.		300.00 (\$ 100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, DIR. HUMAN RESOURCES Aggregate Year-to-Date > \$ 300.00	Payroll Deduction	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCIS T. MAHER 2-4-1, AOADAI, MEGURO-KU TOKYO 153-8042 JAPAN	ROHM AND HAAS CO.		400.00 (\$ 100 MONTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, DIR. APR Aggregate Year-to-Date > \$	Payroll Deduction	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1,432.00

TOTAL This Period (last page this line number only)

14,940.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) **Robins and Hoas Employees Assoc. for Better Government**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONGRESSMAN TIM HOLDEN 729 15TH ST. NW WASHINGTON, PA 20005	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/00	\$ 500.00
BOB BRADY FOR CONGRESS P.O. BOX 22471 PHILADELPHIA, PA 19110	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/00	1,000.00
GENE GREEN CONGRESSIONAL CAMPAIGN P.O. BOX 16128 HOUSTON, TX 77222-6128	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/00	500.00
KEN BENTSEN FOR CONGRESS 5615 MORNINGSIDE #301 HOUSTON, TX 77005	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/00	1,500.00
MJEFFEL FOR CONGRESS 24 WEST AIRY ST. NORRISTOWN, PA 19401	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/00	500.00
PEOPLE FOR ENGLISH P.O. BOX 1940 ERIE, PA 16514	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/00	2,000.00
ANNE NORTHROP FOR CONGRESS P.O. BOX 7313 LOUISVILLE, KY 40257	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/00	1,000.00
FRIENDS OF CONGRESSMAN TIM HOLDEN 729 15TH ST. NW WASHINGTON, PA 20005	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/00	500.00
WJ SWEARY FOR CONGRESS CAMPAIGN P.O. BOX 187 DAY CITY, TX 77404	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/00	500.00

SUBTOTAL of Disbursements This Page (optional)	\$ 8,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) **Rohm and Haas Employees Assoc. for Better Government**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB BORSKI FOR CONGRESS P.O. BOX 26846 PHILADELPHIA, PA 19134	CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/00	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 1,000.00
TOTAL This Period (last page this line number only)	9,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full) **Rohm and Haas Employees Assoc. for Better Government**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
INTERNAL REVENUE SERVICE PHILADELPHIA, PA 19155	TAX FORM 1120-POL FOR YR. ENDED 12/31/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/3/00	\$ 65.00
B. Full Name, Mailing Address and ZIP Code SALVATORE FOR SENATE 410 MARY CASTAGNA, TREASURER 1154 NORWALK RD. PHILADELPHIA, PA 19115	Purpose of Disbursement CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/8/00	\$ 700.00
C. Full Name, Mailing Address and ZIP Code TILGHMAN FOR STATE SENATE BOX 792 FEDERAL SQUARE STATION HARRISBURG, PA 17108-1731	Purpose of Disbursement CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/00	\$ 500.00
D. Full Name, Mailing Address and ZIP Code CITIZENS TO ELECT DWIGHT EVANS P.O. BOX 19097 PHILADELPHIA, PA 19138	Purpose of Disbursement CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF JOHN BARLEY 192 CHESTNUT GROVE RD. CONESTOGA, PA 17516	Purpose of Disbursement CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/00	\$ 500.00
F. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT ELLEN BARD 1218 FAIRY HILL RD. RYDAL, PA 19246	Purpose of Disbursement CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/00	\$ 700.00
G. Full Name, Mailing Address and ZIP Code FRIENDS OF MCGILL P.O. BOX 3332 MAPLE GLEN, PA 19002	Purpose of Disbursement CAMPAIGN SUPPORT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/28/00	\$ 300.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$ 3765.00

TOTAL This Period (last page this line number only)

\$ 3765.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4/7/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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 <i>PK</i> PREPARER	 4/7/00 DATE PREPARED