

ED O'BRIEN FOR CONGRESS

RECEIVED
FEC MAIL ROOM

2000 OCT 24 A 10:42

Stephen D. Dobrosky, Treasurer
Deborah A. Gawlick, Asst. Treasurer
Lorena B. Jurczak, Treasurer

Honorary Chair - Don Cunningham, Bethlehem
Campaign Advisor - George Weber, Attorney
Lehigh County Chair - Emrich Stellar
Lehigh County Vice Chair - Martin Valsquez III
Northampton County Chair - Joanne Messenlehner
Volunteer Chair - Jack Burke
Financial Chair - Joseph Loric, Esquire

October 20, 2000

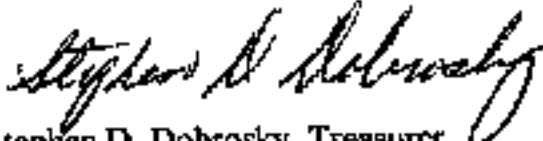
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Identification Number: C00351718

Gentlemen:

Enclosed please find Pre-General Report covering the period 10/1/00 through 10/18/00.
Should there be any questions, please contact me or Assistant Treasurer Deborah Gawlick at the
above number.

Sincerely yours,


Stephen D. Dobrosky, Treasurer

dg

Enclosures

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

P.O. Box 447 • Bethlehem, PA 18018
Phone: 610-625-4105 • Fax: 610-625-4106 • E-mail: edobrien2000@ntl.com

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 A 10:42

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Committee to Elect Ed O'Brien		2. FEC IDENTIFICATION NUMBER C00351718
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 447		
CITY, STATE and ZIP CODE Bethlehem, PA 18018	STATE/DISTRICT PA-15	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the General (Type of Election)
election on 11/7/00 in the State of Pennsylvania
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 80-Day Post-Election Report following the General Election
on _____ in the State of _____
- Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/1/00 through 10/18/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$53,512.00	\$644,813.77
(b) Total Contribution Refunds (from Line 20(d))	\$1,000.00	\$2,975.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$52,512.00	\$641,838.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$146,656.09	\$606,080.73
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$146,656.09	\$606,080.73
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$95,388.06	
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)	\$1,400.00	

For further information contact:
Federal Election Commission
990 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Stephen D. Dobrosky

Signature of Treasurer

Stephen D. Dobrosky

Date

10/20/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3
(revised 4/97)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period	
Committee to Elect Ed O'Brien	From: 10/1/00	To: 10/18/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$22,512.00	
(ii) Unitemized	\$4,000.00	
(iii) Total of contributions from individuals	\$26,512.00	\$309,775.70
(b) Political Party Committees	\$2,500.00	\$12,810.00
(c) Other Political Committees (such as PACs)	\$24,500.00	\$322,917.75
(d) The Candidate	\$0.00	\$310.32
(e) TOTAL CONTRIBUTIONS (other than loans) [(add 11(a)(i)-(d))]	\$53,512.00	\$644,813.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$1,400.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$1,400.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$8,174.70
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$53,512.00	\$654,288.47
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$146,656.09	\$606,080.73
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 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$1,000.00	\$1,975.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$1,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$1,000.00	\$2,975.00
21. OTHER DISBURSEMENTS	\$0.00	\$100.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$147,656.09	\$609,155.73
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	189,543.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	53,512.00
25. SUBTOTAL (add Line 23 and Line 24)	\$	243,055.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	147,656.09
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	95,399.06

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 1 OF 11
FOR LINE NUMBER 11(a)(i)

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)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code Roy Afflerbach Afflerbach for Congress P. O. Box 20605 Lehigh Valley, PA 18002-0605	Name of Employer Peter Karoly, Esquire Occupation Lobbyist	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 1,150.00	
B. Full Name, Mailing Address and ZIP Code Jonathan L. Alpert 902 Anchorage Road Tampa, FL 33602-5754	Name of Employer Alpert, Barker, Rodems, Ferrantino & Cook Occupation Attorney	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code James W. Bausman 2852 Rolling Green Place Macungie, PA 18062-1436	Name of Employer Merrill Lynch Occupation Stockbroker	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Raymond W. Carraher 2348 Allen Street Allentown, PA 18104-4953	Name of Employer Retired Occupation Retired	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Raymond W. Carraher 2349 Allen Street Allentown, PA 18104-4953	Name of Employer Retired Occupation Retired	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Robert Cole 1304 Broadway Fountain Hill, PA 18015-4023	Name of Employer Software Consulting Services Occupation Computer Programmer	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Michael F. Coniers P. O. Box 1217, 433 E. Broad St. Bathlehem, PA 18016-1217	Name of Employer Haber Corriere & Backenstoe Occupation Attorney	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) \$1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C0035171B

A. Full Name, Mailing Address and ZIP Code Robert M. Crampsie 324 W. White St. Summit Hill, PA 18250 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carbon County	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$100.00
	Occupation Controller Aggregate Year-to-Date > \$ 260.00		
B. Full Name, Mailing Address and ZIP Code Robert M. Diamond 4700 Brandywine St., N.W. Washington, DC 20016-4450 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Denis A. Donovan 1815 Central Parkway Schenectady, NY 12309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Paula Donovan 1815 Central Parkway Schenectady, NY 12309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/8/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Robert C. Fleder 11 Hurselguard Lane Scarsdale, NY 10583 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul, Weiss, Rifkind	Date (month, day, year) 10/8/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Carl B. Frankel 822 Gettysburg St. Pittsburgh, PA 15206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 10/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired Aggregate Year-to-Date > \$ 1,250.00		
G. Full Name, Mailing Address and ZIP Code Ranzel A. Haddad P. O. Box 4270 Bethlehem, PA 18018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/18/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) \$4,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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

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NAME OF COMMITTEE (in Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Harley 421 Willow Road Walnutport, PA 18088	Retired	10/16/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 1,375.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Hubbard 5604 33rd St., NW Washington, DC 20015	USWA	10/5/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Affairs	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Huber 5884 Ruheton Hill Road Schnecksville, PA 18078-3631	Huber and Waldron	10/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carmelo Huertas 1187 E. 4th Street P. O. Box 5162 Bethlehem, PA 18015	Retired	10/16/00	\$350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 660.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carmelo Huertas 1187 E. 4th Street P. O. Box 5162 Bethlehem, PA 18015	Retired	10/3/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 550.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Hyman 3727 Trexler Blvd. Allentown, PA 18104	Sell	10/16/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Johnson 4660 Mill Road Schnecksville, PA 18078-2325	Retired Nurse	10/17/00	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$1,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Committee to Elect Ed O'Brien C0035-1718

A. Full Name, Mailing Address and ZIP Code Stephen C. Josel 2019 Walnut St. Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/9/00	Amount of Each Receipt This Period \$100.00
	Occupation Lawyer Aggregate Year-to-Date > \$ 350.00		
B. Full Name, Mailing Address and ZIP Code Babette Josephs 1939 Waverly St. Philadelphia, PA 19146-1452 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/9/00	Amount of Each Receipt This Period \$250.00
	Occupation Councilwoman Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Jerry Knafz 4201 W. Tilghman St. Allentown, PA 18104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/16/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Henry W. Linares 21 W. North St. Bethlehem, PA 18018-3906 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rockroth	Date (month, day, year) 10/9/00	Amount of Each Receipt This Period \$400.00
	Occupation Production Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code Iria M. Linares 21 W. North St. Bethlehem, PA 18018-3906 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Law Offices of Peter G. Angeles	Date (month, day, year) 10/9/00	Amount of Each Receipt This Period \$400.00
	Occupation Secretary Aggregate Year-to-Date > \$ 860.00		
F. Full Name, Mailing Address and ZIP Code Slobhan Loizeaux-Barnett 25 S. 15th St. Allentown, PA 18102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/17/00	Amount of Each Receipt This Period \$100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Jennifer Mann Friends of Jennifer Mann 1227 Liberty Street, Suite 202, 2nd Floor Allentown, PA 18103 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Commonwealth of PA	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period \$100.00
	Occupation State Representative Aggregate Year-to-Date > \$ 320.00		

SUBTOTAL of Receipts This Page (optional)	\$1,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 11

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Committee to Elect Ed O'Brien 000351718

A. Full Name, Mailing Address and ZIP Code Robert Margolis 420 N. 27th St. Allentown, PA 18104	Name of Employer Self Employed	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period \$100.00
	Occupation Attorney/CPA	Aggregate Year-to-Date > \$ \$300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Robert Margolis 420 N. 27th St. Allentown, PA 18104	Name of Employer Self Employed	Date (month, day, year) 10/9/00	Amount of Each Receipt This Period \$100.00
	Occupation Attorney/CPA	Aggregate Year-to-Date > \$ \$300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code John M. McFadden 1211 Janneys Lane Alexandria, VA 22302	Name of Employer Information Requested	Date (month, day, year) 10/5/00	Amount of Each Receipt This Period \$250.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Judith E. McHale 9851 Ponderosa Court Kempton, PA 19529	Name of Employer Information Requested	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Katherine M. McHale 523 8th Avenue Bethlehem, PA 18018	Name of Employer None	Date (month, day, year) 10/17/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Juannie S. Messenlehner 40 Schoeneck Avenue Nazareth, PA 18064-1216	Name of Employer Commonwealth of PA Auditor General	Date (month, day, year) 10/11/00	Amount of Each Receipt This Period \$100.00
	Occupation Auditor	Aggregate Year-to-Date > \$ \$311.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Gali E. Meyer 324 West St. Bethlehem, PA 18018-5821	Name of Employer UNITE International Union	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period \$200.00
	Occupation District Manager	Aggregate Year-to-Date > \$ \$700.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 11

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Committee to Elect Ed O'Brien C00351718

<p>A. Full Name, Mailing Address and ZIP Code Joan D. Mickley-Smith 1243 Turner St. Allentown, PA 18102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 5500.00</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Vincent P. Montoro 372 West Nesquehoning St. Easton, PA 18042</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 2210.00</p>	<p>Date (month, day, year) 10/9/00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Stanley M. Morris 2820 Gordon Street Allentown, PA 18104</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Air Products & Chemicals, Inc.</p> <p>Occupation VP, Technology</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Frank P. Murphy 49 E. Marshall Street Norristown, PA 19101</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Charles J. Nemeth 724 Third Avenue Bethlehem, PA 18018</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 1,035.00</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mary Win O'Driscoll 6350 Caton St. Pittsburgh, PA 15217</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer USWA</p> <p>Occupation Personnel Department Head</p> <p>Aggregate Year-to-Date > \$ 2,100.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard S. Oravec P. O. Box 4278 Bethlehem, PA 18018-0278</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer B&M Provisions Co.</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date > \$ 435.00</p>	<p>Date (month, day, year) 10/9/00</p>	<p>Amount of Each Receipt this Period \$185.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,135.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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

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)
Committee to Elect Ed D'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Pallone Pallone for Congress P. O. Box 3176 Long Branch, NJ 07740-3176	U. S. Congress Occupation Member of Congress	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code William Pascrell Pascrell for Congress, Inc. 63 Quartz Lane Paterson, NJ 07501	U. S. House of Representatives Occupation Member of Congress	10/17/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Glenn F. Reibman Citizens for Glenn F. Reibman 1231 Lieb Road Easton, PA 18040	Northampton County Occupation County Executive	10/11/00	\$77.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,450.00	
D. Full Name, Mailing Address and ZIP Code Chester A. Rcybltz 429 E. Broad St. P. O. Box 1445 Bethlehem, PA 18018-1445	Self-Employed Occupation Attorney	10/17/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code John Michael Roebuck 235 W. 71st St., Apt. 74 New York, NY 10023	Paul, Weiss, Rifkind, Wharton & Garrison Occupation Attorney	10/9/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Fred B. Rooney 700 13th St., NW, Suite 400 Washington, DC 20005	Cassidy & Associates Occupation Lobbyist	10/18/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code T. J. Rooney Rooney for State Rep. Committee P. O. Box 5328 Bethlehem, PA 18015	Commonwealth of PA Occupation State Representative	10/16/00	\$249.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$749.00	

SUBTOTAL of Receipts This Page (optional)	\$2,426.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 8 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheri D. Schantzenbach 2340 Route 309 Orefield, PA 18069	Self	10/5/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julie Schecter P. O. Box 424 Stow, MA 01775-0424	Self	10/17/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Writer	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy S. Rinfow, Contributions Coordinator PEACEPAC 110 Maryland Avenue, NE Washington, DC 20002	Note: Above Contribution earmarked through this organization	10/17/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Conduct total: \$500.00	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart W. Schooley 4655 Fir Drive Nazareth, PA 18084	Information Requested	10/11/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$800.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Schweder Schweder for Council 805 Bamsdale Road Bethlehem, PA 18018	Information Requested	10/16/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. J. Shober 340 F. Glassboro Ct. Hernando, FL 34442	Retired	10/6/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$230.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Spadoni Esq. 1218 Linden St. PO Box 140B Bethlehem, PA 18016-1409	Self	10/8/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty.	Aggregate Year-to-Date > \$	\$350.00

SUBTOTAL of Receipts This Page (optional) \$1,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 9 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien 00951718

A. Full Name, Mailing Address and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Rosanna F. Spear 2129 Cypress St. Philadelphia, PA 19103	Information Requested	10/16/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna M. Stone 1780 Greenbay Road, Suite 202 Highland Park, IL 60035		10/12/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Stone 1780 Green Bay Road, Suite 202 Highland Park, IL 60035-3220	Saul Stone & Company L.L.C.	10/12/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Executive		
	Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois Weinperl 148 Green Street Freemansburg, PA 18017-7216	Retired	10/13/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jana Wells-Schooley 4855 Fir Drive Nazareth, PA 18052	RE/MAX	10/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor		
	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adam Wenzel 4211 Harriett Lane Bethlehem, PA 18017	Brandenburg Industrial Services	10/11/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer		
	Aggregate Year-to-Date > \$	\$940.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy White 4201 Wilson Ave. Bethlehem, PA 18020	None	10/11/00	\$801.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	* In-Kind: Catering, decors., tent Occupation Homemaker		
	Aggregate Year-to-Date > \$	\$861.00	

SUBTOTAL of Receipts This Page (optional) \$3,401.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 10 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C0035-1718

A. Full Name, Mailing Address and ZIP Code Barbara Williams 4313 Crest Lane Allentown, PA 18104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Information Requested Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code James A. Williams 529 Eighth Avenue Bethlehem, PA 18018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code George Williams, Jr. 4313 Crest Lane Allentown, PA 18104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Teacher Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Francine M. Wozinski 3140 Alberdeen Road Mountain Top, PA 18707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wilkes Barre Postal Federal Credit Union	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Vice President Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Grossinger, Gordon, Vatz & Audley 1000 Law & Finance Building Pittsburgh, PA 15219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership PARTNERSHIP--partners below	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$500.00
	Occupation Information Requested Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Howard Grossinger 1000 Law & Finance Building Pittsburgh, PA 15219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Grossinger, Gordon, Vatz & Audley	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period MEMO \$125.00
	Occupation Partner Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Manko Gold & Katcher 401 City Avenue Suite 500 Bala Cynwyd, PA 19004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership PARTNERSHIP--partners below	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Information Requested Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 11 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C00351718

<p>A. Full Name, Mailing Address and ZIP Code Joseph Manko 401 East City Avenue, Suite 500 Bala Cynwyd, PA 19004-1122</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Manko Gold & Katcher</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/9/00</p>	<p>Amount of Each Receipt this Period MEMO \$90.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>\$0.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>\$22,512.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Party Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien CD0351718

A. Full Name, Mailing Address and ZIP Code Northampton County Demo Committee c/o Joanne Messerlehner, Chair 40 Schoenck Ave. Nazareth, PA 18064	Name of Employer Occupation	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5640.00	
B. Full Name, Mailing Address and ZIP Code Pennsylvania Democratic Party 510 North Third St. Harrisburg, PA 17101	Name of Employer Occupation	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code Pennsylvania Democratic Party 510 North Third St. Harrisburg, PA 17101	Name of Employer Occupation	Date (month, day, year) 10/9/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$2,500.00

TOTAL This Period (last page this line number only) \$2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Committee to Elect Ed O'Brien C0035-1718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AFA FlightPAC (Association of Flight Attendants) Jo Ellen Deutsch, Dir., Govt Affairs 1275 K St., NW, 5th Floor Washington, DC 20005		10/6/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code ALPA-PAC (Air Line Pilots Association-Political Action Committee) 1625 Massachusetts Ave., NW Washington, DC 20036-		10/17/00	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
C. Full Name, Mailing Address and ZIP Code American Nurses Assn PAC (ANA-PAC) 600 Maryland Ave SW Suite 100 Washington, DC 20024-2571		10/18/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
D. Full Name, Mailing Address and ZIP Code Ameripac Steny H. Hoyer 1341 G Street, NW Washington, DC 20005		10/18/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$6,000.00
E. Full Name, Mailing Address and ZIP Code FIREPAC International Assn Of Fire Fighters PAC 1750 New York Ave., NW Washington, DC 20006		10/18/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$6,500.00
F. Full Name, Mailing Address and ZIP Code Human Rights Campaign Fund 919 18th St. NW #800 Washington, DC 20006		10/16/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
G. Full Name, Mailing Address and ZIP Code IBPAT (Internal Brotherhood of Painters & Other Allied Trades Political Action Together Pol Com) 1750 New York Avenue, NW Washington, DC 20006-		10/6/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$10,000.00

SUBTOTAL of Receipts This Page (optional) \$15,000.00

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 2 OF 3
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IUOE/EPEC-Voluntary Intl Union of Operating Engineers Engineers Political Education Committee Washington, DC 20036-		10/5/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,600.00
B. Full Name, Mailing Address and ZIP Code L. A. PAC 8885 Wilshire Blvd, Ste. 220 Beverly Hills, CA 90211-2931		10/18/00	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
C. Full Name, Mailing Address and ZIP Code Ms. Malissa Zimmerman (MEBA PAF) Marine Engineers' Beneficial Association 444 North Capitol St., N.W., Suite 800 Washington, DC 20001		10/8/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Natl Assn of Retired Federal Employees PAC Fund NARFE PAC Fund 606 N Washington St. Alexandria, VA 22314-1914		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
E. Full Name, Mailing Address and ZIP Code Sierra Club 408 C St., NE Washington, DC 20002-		10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code The National Leadership PAC 2100 Pennsylvania Ave.-Suite 400 Washington, DC 20037-		10/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$4,000.00
G. Full Name, Mailing Address and ZIP Code The National Leadership PAC 2100 Pennsylvania Ave.-Suite 400 Washington, DC 20037-		10/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$4,000.00

SUBTOTAL of Receipts This Page (optional) \$8,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 3 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
TWU PCC-Transport Workers Union Political Contribution Committee 80 West End Avenue New York, NY 10023		10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	\$4,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$1,000.00

TOTAL This Period (last page this line number only) \$24,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 17

Operating Expenditures

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)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Business Equipment 1129 Union Boulevard Allentown, PA 18103-1550	Copier rental, meter reading Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/00	\$443.91
B. Full Name, Mailing Address and ZIP Code Mr. Thomas R. Bullock, III 115 D St., SE Apt. 101 Washington, DC 20003	Purpose of Disbursement 9/16-30/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,327.62
C. Full Name, Mailing Address and ZIP Code Mr. Thomas R. Bullock, III 115 D St., SE Apt. 101 Washington, DC 20003	Purpose of Disbursement 10/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$1,327.62
D. Full Name, Mailing Address and ZIP Code Mr. Jason Burke 2 Westlake Court Norwalk, CT 06850	Purpose of Disbursement 10/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$1,624.80
E. Full Name, Mailing Address and ZIP Code Mr. Jason Burke 2 Westlake Court Norwalk, CT 06850	Purpose of Disbursement 9/16-30/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,680.93
F. Full Name, Mailing Address and ZIP Code Crouse, Malchow & Schlachman, Inc 1133 15th St., NW Suite 350 Washington, DC 20005-2710	Purpose of Disbursement Direct Mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$30,261.00
G. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Purpose of Disbursement Wire Transfer Charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$15.00
H. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Purpose of Disbursement Bass bounced check charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$8.00
I. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Purpose of Disbursement Federal Payroll Tax Deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	\$3,745.04

SUBTOTAL of Disbursements This Page (optional)

\$40,633.92

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 2 OF 4
FOR LINE NUMBER 17

Operating Expenditures

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)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Deborah Gawlick 925 Wood Street Bathlehem, PA 18018	Office Supp.. Postage, Refresh Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$93.23
B. Full Name, Mailing Address and ZIP Code Global Strategy Group, Inc. 611 Broadway, Suite 206 New York, NY 10012	Purpose of Disbursement Polling services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	\$5,425.00
C. Full Name, Mailing Address and ZIP Code Kimberly Jones 496 Court St. Brooklyn, NY 11231	Purpose of Disbursement 10/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$1,177.25
D. Full Name, Mailing Address and ZIP Code Kimberly Jones 496 Court St. Brooklyn, NY 11231	Purpose of Disbursement 9/16-30/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,177.25
E. Full Name, Mailing Address and ZIP Code Mr. Emanuel McCown 935 East 241st St. Bronx, NY 10466	Purpose of Disbursement July Cell Phone reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/00	\$34.48
F. Full Name, Mailing Address and ZIP Code MCI WorldCom P. O. Box 4644 (Customer Service) Iowa City, IA 52244-4644	Purpose of Disbursement Long Distance Telephone Serv Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$336.33
G. Full Name, Mailing Address and ZIP Code Ms. Sarah E. Neiper 307 East 19th St. Northampton, PA 18067	Purpose of Disbursement Cell Phone Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$118.43
H. Full Name, Mailing Address and ZIP Code Ms. Sarah E. Neiper 307 East 19th St. Northampton, PA 18067	Purpose of Disbursement 10/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$474.30
I. Full Name, Mailing Address and ZIP Code Ms. Sarah E. Neiper 307 East 19th St. Northampton, PA 18067	Purpose of Disbursement 9/16-30/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$474.30

SUBTOTAL of Disbursements This Page (optional)

\$9,308.55

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

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Monthly Service Charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/00	\$35.00
Rindy, Miller & Bates Scott Bates 501 N. Interregional Austin, TX 78702	Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	\$40,000.00
Rindy, Miller & Bates Scott Bates 501 N. Interregional Austin, TX 78702	Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	\$14,380.00
Rindy, Miller & Bates Scott Bates 501 N. Interregional Austin, TX 78702	Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/00	\$40,000.00
Mr. Pelor Schweyer 2252 Apt. B. Aster Rd. Bethlehem, PA 18018	10/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$417.75
Service Electric Telephone Co. 4242 Mauch Chunk Road Coplay, PA 18037-2198	Telephone service 9/15/00 Invo Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	\$39.86
U. S. Postal Service Wood Street Branch Bethlehem, PA 18018	Postage Purchased Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	\$860.00
United Parcel Service P. O. Box 4980 Hagerstown, MD 21747-4980	Shipping Invoice #400 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	\$30.88
United Parcel Service P. O. Box 4980 Hagerstown, MD 21747-4980	Shipping Invoice #410 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$53.00

SUBTOTAL of Disbursements This Page (optional)

\$85,826.32

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 4 OF 4
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Catering, dinners, lent for fund	Date (month, day, year)	Amount of Each Disbursement This Period
Mrs. Tracy White 4201 Wilson Ave. Bethlehem, PA 18020	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$901.00 in-kind received
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)	\$901.00
TOTAL This Period (last page this line number only)	\$146,469.79

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20(B)

Refunds of Contributions to Individuals

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)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Robert Casey Casey for Auditor General Committee 434 Lackawanna Avenue Scranton, PA 18503	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$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)	\$1,000.00

SCHEDULE C
(Revised 3/80)

LOANS

Loans owed by the Committee

Name of Committee (in Full)

Committee to Elect Ed O'Brien C0035171B

<p>A. Full Name, Mailing Address and ZIP Code of Loan Source Edward J. O'Brien 1775 Chapel Avenue Allentown, PA 18103</p>	<p>Original Amount of Loan \$1,400.00</p>	<p>Cumulative Payment To Date 50.00</p>	<p>Balance Outstanding at Close of This Period \$1,400.00</p>
--	--	--	--

Election: Primary General Other (specify):

Terms: Date Incurred 2/2/00 Date Due ON DEMAND Interest Rate 0% (apr)

Secured

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

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

<p>B. Full Name, Mailing Address and ZIP Code of Loan Source</p>	<p>Original Amount of Loan</p>	<p>Cumulative Payment To Date</p>	<p>Balance Outstanding at Close of This Period</p>
---	---------------------------------------	--	---

Election: Primary General Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)

Secured

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

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

<p>SUBTOTALS This Period This Page (optional) _____</p>	
<p>TOTALS This Period (last page in this line only) _____</p>	<p>\$1,400.00</p>
<p>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</p>	

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-21-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	10-24-00 DATE PREPARED