

# ED O'BRIEN FOR CONGRESS

RECEIVED  
FEC MAIL ROOM

2000 DEC -4 P 2:35

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

Honorary Chair - Don Cunningham, Bethlehem  
Campaign Advisor - George Wahr, Attorney  
Lehigh County Chair - Enrich Stellar  
Lehigh County Vice Chair - Martin Velazquez III  
Northampton County Chair - Joanne Messenlehner  
Volunteer Chair - Jack Burke  
Financial Chair - Joseph Lurie, Esquire

November 27, 2000

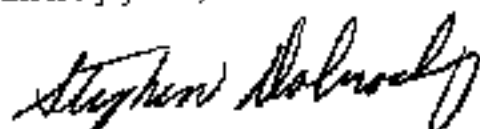
Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

Identification Number: C00351718

Gentlemen:

Enclosed please find Post General Election Report covering the period 10/19/00 through 11/27/00. Should there be any questions, please contact me or Assistant Treasurer Deborah Gawlick at 610-797-0464 or 610-867-7524.

Sincerely yours,



Stephen D. Dohrosky, Treasurer

dg

Enclosures

CERTIFIED MAIL-#7099 3400 0006 1472 0318  
RETURN RECEIPT REQUESTED

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

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC -4 P 2:35

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		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Bethlehem, PA 18018	STATE/DISTRICT PA-15	

## 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election on <u>11/7/00</u> in the State of <u>Pennsylvania</u>
<input type="checkbox"/> January 31 Year End Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	
This report contains activity for <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election <input type="checkbox"/> Runoff Election	

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$69,592.00	\$714,405.77
(b) Total Contribution Refunds (from Line 20(d))	\$1,200.00	\$4,175.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$68,392.00	\$710,230.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$153,553.42	\$759,634.15
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$153,553.42	\$759,634.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$10,744.03	
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  
889 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	Date 11/27/00
Signature of Treasurer 	

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

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FEC FORM 3  
(revised 4/87)

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Committee to Elect Ed O'Brien	Report Covering the Period: From: 10/19/00 To: 11/27/00	
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-To-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	\$28,405.00	
(f) Itemized (see Schedule A)	\$6,687.00	
(k) Unitemized	\$35,092.00	\$343,857.70
(ii) Total of contributions from Individuals	\$33,000.00	\$15,810.00
(b) Political Party Committees	\$31,500.00	\$354,417.75
(c) Other Political Committees (such as PACs)	\$0.00	\$310.32
(d) The Candidate	\$69,582.00	\$714,405.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$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.)	\$506.39	\$8,581.09
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$70,098.39	\$724,386.86
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES	\$153,553.42	\$759,634.15
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	\$200.00	\$2,175.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$1,000.00	\$2,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$1,200.00	\$4,175.00
21. OTHER DISBURSEMENTS	\$0.00	\$100.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$154,753.42	\$763,909.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	95,399.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	70,098.39
25. SURTOTAL (add Line 23 and Line 24)	\$	165,497.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	154,753.42
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	10,744.03

**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 CD0351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. R. Abernathy 3207 Morrison St., NW Washington, DC 20015	Abernathy/Anderson, Inc.	10/20/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Adv. Exec. Aggregate Year-to-Date > \$		\$250.00
B. Full Name, Mailing Address and ZIP Code Roy Afflerbach Afflerbach for Congress P. O. Box 20805 Lehigh Valley, PA 18002-0605	Peter Karoly, Esquire	10/30/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lobbyist Aggregate Year-to-Date > \$		\$1,250.00
C. Full Name, Mailing Address and ZIP Code Donald R. Anspach 211 E. Main St. Newmanstown, PA 17073	USWA	11/8/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Staff Representative Aggregate Year-to-Date > \$		\$470.00
D. Full Name, Mailing Address and ZIP Code Linda M. Anthony 1131 Pennsylvania Ave Whitehall, PA 18052	Information Requested	11/7/00	\$200.00
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
E. Full Name, Mailing Address and ZIP Code James W. Bausman 2852 Rolling Green Place Macungie, PA 18062-1436	Merrill Lynch	11/4/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Stockbroker Aggregate Year-to-Date > \$		\$800.00
F. Full Name, Mailing Address and ZIP Code Ryn Bloom 104 Brimfield Ct. Sewickley PA 15143	USWA	10/26/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$		\$1,000.00
G. Full Name, Mailing Address and ZIP Code James H. Bryson 1420 Locust St., 27M Philadelphia, PA 19102-4216	Information Requested	10/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested Aggregate Year-to-Date > \$		\$500.00

SUBTOTAL of Receipts This Page (optional) .....

\$1,750.00

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 C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Raymond W. Carraher 2349 Alien Street Allentown, PA 18104-4853	Retired	10/23/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 800.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Culf 1304 Broadway Fountain Hill, PA 18015-4023	Software Consulting Services	10/23/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Computer Programmer	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Regina Cora 803 Wyandotte St. Bethlehem, PA 18015	Northampton County	11/4/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Detective	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Margaret Crampsie 150 E. White St. Summit Hill, PA 18250	Retired	10/27/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired/Homemaker	Aggregate Year-to-Date > \$ 420.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank C. Dickman 3 North Fifth St. Coplay, PA 18037-1505	Retired	10/27/00	\$75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 325.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Benjamin Eisner 21 Snowden Road Bala Cynwyd, PA 19004	Information Requested	11/1/00	\$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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane V. Elliott 3148 Gloucester Drive Bethlehem, PA 18020	Lafayette College	10/30/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: College Administration	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) ..... \$825.00

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
Ablgail Ellzroth 5511 39th St., NW Washington, DC 20015	N/A	10/24/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Ernest H. Fountain 742 W. Ermaus Avenue Allentown, PA 18103-8758	Name of Employer: Information Requested	Date (month, day, year): 10/20/00	Amount of Each Receipt this Period: \$115.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested Aggregate Year-to-Date > \$ 215.00		
C. Full Name, Mailing Address and ZIP Code Robert Freeman Com. To Elect Robert Freeman 711 Burke St. Easton, PA 18042-4247	Name of Employer: Commonwealth of PA	Date (month, day, year): 10/23/00	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: State Representative (D-136) Aggregate Year-to-Date > \$ 770.00		
D. Full Name, Mailing Address and ZIP Code Richard G. Gould 52 E. Fell St. Summit Hill, PA 18250	Name of Employer: Silberrline	Date (month, day, year): 10/27/00	Amount of Each Receipt this Period: \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Shipper Aggregate Year-to-Date > \$ 230.00		
E. Full Name, Mailing Address and ZIP Code Jim Gregory Friends of Jim Gregory 425 Brighton St., Apt. 406 Bethlehem, PA 18015-1243	Name of Employer: Allentown School District	Date (month, day, year): 11/1/00	Amount of Each Receipt this Period: \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Behavioral Specialist Aggregate Year-to-Date > \$ 207.00		
F. Full Name, Mailing Address and ZIP Code Martin Greitzer 1500 Walnut St., 20th Floor Philadelphia, PA 19102	Name of Employer: Self	Date (month, day, year): 10/27/00	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code James A. Hickey 1885 Troxell St. Allentown, PA 18103	Name of Employer: County of Northampton	Date (month, day, year): 10/23/00	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Administration Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... \$1,940.00

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 C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stony H. Hoyer Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	U. S. House of Representatives	11/6/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Member of Congress Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry D. Jaynes 2215 Ridgewood Drive Waco, TX 76710	Information Requested	11/3/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested 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
Theodore Jureczak, Jr. HC1, Box 485 Brodheadsville, PA 18322	Equipto	10/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Welder 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
Louis M. Kelley 207 Carmella Dr. White Oak, PA 15131-1209	USWA	11/3/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. Director Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Karl Keyes 328 Porter Street Easton, PA 18042	Self	11/3/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph C. Kohn, Esq. 240 Sugartown Rd. Devor, PA 19333	Kohn, Swift & Graf	10/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Kornblau 85 Snowflake Road Huntingdon Valley, PA 19006	Self	10/25/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 1,000.00		

**SUBTOTAL** of Receipts This Page (optional) ..... \$4,350.00

**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 5 OF 11  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien CD0351718

A. Full Name, Mailing Address and ZIP Code Lynn Sara Kornblau 85 Snowflake Road Huntingdon Valley, PA 19006  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self  Occupation Attorney  Aggregate Year-to-Date > \$	Date (month, day, year)  10/25/00  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
B. Full Name, Mailing Address and ZIP Code Audrey Krisberg 1538 Meadowbrook Road Jenkintown, PA 19048  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Parenting Educator  Aggregate Year-to-Date > \$	Date (month, day, year)  10/25/00  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
C. Full Name, Mailing Address and ZIP Code Nick Lampson Lampson for Congress 2000 P. O. Box 21578 Beaumont, TX 77720-1578  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$	Date (month, day, year)  11/8/00  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
D. Full Name, Mailing Address and ZIP Code George M. Leader 1528 Sand Hill Road Hummelstown, PA 17038  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired  Occupation Retired  Aggregate Year-to-Date > \$	Date (month, day, year)  11/4/00  \$400.00	Amount of Each Receipt this Period  \$100.00
E. Full Name, Mailing Address and ZIP Code Jay Levine 640 Graham St. Harrisburg, PA 17110  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNITE  Occupation Union Representative  Aggregate Year-to-Date > \$	Date (month, day, year)  10/23/00  \$270.00	Amount of Each Receipt this Period  \$250.00
F. Full Name, Mailing Address and ZIP Code Lofgren for Congress 111 W. St. John ST., Suite 400 San Jose, CA 95113  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U. S. House of Representatives  Occupation Member of Congress  Aggregate Year-to-Date > \$	Date (month, day, year)  10/23/00  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
G. Full Name, Mailing Address and ZIP Code Siobhan Laizbaux-Bennett 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  Occupation Information Requested  Aggregate Year-to-Date > \$	Date (month, day, year)  10/30/00  \$350.00	Amount of Each Receipt this Period  \$100.00

SUBTOTAL of Receipts This Page (optional) .....	\$4,450.00
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 CD0351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt This Period
Nita M. Lowey Nita Lowey for Congress P. O. Box 271 White Plains, NY 10605	Information Requested	11/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Keith McCall Committee to Re-elect Keith McCall 301 E. Bertsch St. Lansford, PA 18232	Name of Employer Commonwealth of PA	Date (month, day, year) 11/2/00	Amount of Each Receipt This Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Representative (D-122)		
	Aggregate Year-to-Date > \$	\$420.00	
C. Full Name, Mailing Address and ZIP Code Vincent J. McFadden 148 W. Ludlow St. Summit Hill, PA 18250	Name of Employer Information Requested	Date (month, day, year) 11/1/00	Amount of Each Receipt This Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code Gerald McHugh 4820 Florence Avenue Philadelphia, PA 19143	Name of Employer Litvin, Blumberg, Matson & Young	Date (month, day, year) 10/26/00	Amount of Each Receipt This Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer		
	Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code Beth A. McLain 1942 Sycamore St. Bethlehem, PA 18017	Name of Employer Information Requested	Date (month, day, year) 11/7/00	Amount of Each Receipt This Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Rudolph L. Milasich, Jr. 5819 Ferroc St. Pittsburgh, PA 15217	Name of Employer USWA	Date (month, day, year) 10/23/00	Amount of Each Receipt This Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$450.00	
G. Full Name, Mailing Address and ZIP Code Stanley M. Morris 2820 Gordon Street Allentown, PA 18104	Name of Employer Air Products & Chemicals, Inc.	Date (month, day, year) 11/8/00	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Technology		
	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) ..... \$2,750.00

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 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 O'Brien CD0351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Todd C. Novelli 915 Washington Ave. Carnegie, PA 15106	General American	10/23/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Consultant	Aggregate Year-to-Date > \$	\$850.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joanne Olszewski 1250 Halstoin Ct. Blue Bell, PA 19422	Self	10/27/00	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Small Business Owner	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rosemarie Ouly 120 Greenwood St. Coaldale, PA 18218-1012	Miners Mem. Med. Center	10/23/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Unit Clerk	Aggregate Year-to-Date > \$	\$280.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Congr. Nancy Pelosi Nancy Pelosi for Congress One Bush St., Suite 1100 San Francisco, CA 94104	U. S. House of Representatives	10/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Member of Congress	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel A. Polanski 228 South New Street Nazareth, PA 18064	County of Northampton	10/31/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Human Resources Director	Aggregate Year-to-Date > \$	\$950.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry L. Rarick 217 Main St. Blandon, PA 19510-9720	United Steelworkers of America	10/27/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sub-Director	Aggregate Year-to-Date > \$	\$1,060.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald G. Reaman 929 Fifth St. Whitehall, PA 18052	Whitehall Township	10/27/00	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$225.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$2,150.00

**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)

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	Name of Employer	Date (month, day, year)	Amount of Cash Receipt this Period
Carl L. Rolsner 8 Observatory Drive Croton On Hudson, NY 10520	Paul Weus  Occupation Lawyer	10/23/00	\$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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Rohrer, Jr. 3227 Clear Stream Drive Whitehall, PA 18052-3074	Information Requested  Occupation Information Requested	10/23/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry M. Roth 2 Penn Center Plaza Suite 1705 Philadelphia, PA 19102	Self Employed  Occupation Attorney	10/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher C. Rulis 2762 Brunton Crt. Allison Park, PA 15101	O'Brien, Rulis & Bochiocchio  Occupation Attorney	10/30/00	\$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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bemie Sanders Sanders for Congress P. O. Box 391 Burlington, VT 05402	U. S. House of Representatives  Occupation Member of Congress	11/6/00	\$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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephon Shaak 107 N. 11th St. Allentown, PA 18102	Imperial Abstract  Occupation Title Searcher	10/24/00	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Joshua L. Steiner Quadrangle Group LLC 30 Rockefeller Plaza, 31st Floor New York, NY 10020	Information Requested  Occupation Information Requested	11/3/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,850.00

**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  
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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 C00351715

A. Full Name, Mailing Address and ZIP Code Arlus J. Stephens 5841 Darlington Rd., Apt. C-2 Pittsburgh, PA 15217	Name of Employer United Steelworkers of America  Occupation Attorney	Date (month, day, year) 10/25/00	Amount of Each Receipt this Period \$115.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 315.00	
B. Full Name, Mailing Address and ZIP Code Robert J. Sugarman 100 N. 17th St., 7th Floor Philadelphia, PA 19103-2703	Name of Employer Sugarman Associates  Occupation Attorney	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 700.00	
C. Full Name, Mailing Address and ZIP Code John Tallarico 833 Linden St. Bethlehem, PA 18018	Name of Employer Self  Occupation Proprietor	Date (month, day, year) 10/27/00	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	
D. Full Name, Mailing Address and ZIP Code Jane Toll 289D Sogan Road, Box 410 Solebury, PA 18963	Name of Employer Retired  Occupation Retired	Date (month, day, year) 10/30/00	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 > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Upper Parklomen Demo Jean Thobaben, President P. O. Box 283 Red Hill, PA 18076	Name of Employer From Permissible Funds  Occupation From Permissible Funds	Date (month, day, year) 11/14/00	Amount of Each Receipt this Period \$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Doug Walgren 1443 Towlsan Road Vienna, VA 22182	Name of Employer Information Requested  Occupation Information Requested	Date (month, day, year) 10/30/00	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 > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Gary Ward 102 Franklin St. Whitehall, PA 18052	Name of Employer United Steelworkers of America  Occupation Staff Representative	Date (month, day, year) 10/25/00	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 > \$ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$2,715.00
<b>TOTAL</b> 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 C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois Weimert 146 Green Street Fraemansburg, PA 18017-7218	Retired	11/2/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Michael R. Wessel 6429 Spring Terrace Falls Church, VA 22042	Downey McGrath Group, Inc.	10/26/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Note: Above Contribution earmarked through this organization	10/26/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Conduit total: \$12,250.00	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Sean P. White 4201 Wilson Avenue Bethlehem, PA 18017	Bethlehem Obstetrics	10/30/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Stephen F. Wikler 888 Eighth Avenue, Apt. 11-E New York, NY 10019-5711	Retired	10/26/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code James A. Williams 529 Eighth Avenue Bethlehem, PA 18018	Retired	10/21/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Howard A. Winant 709 W. Mt. Airy Avenue Philadelphia, PA 19119-3323	Temple University	10/25/00	\$75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Professor	Aggregate Year-to-Date > \$ 275.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,575.00

**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 Deleted Summary Page

PAGE 11 OF 11  
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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code Nora Winkelman 1835 Market St., 14th Floor Philadelphia, PA 19103  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Buchanan Ingersoll P.C.  Occupation Attorney  Aggregate Year-to-Date > \$	Date (month, day, year)  11/2/00  \$500.00	Amount of Each Receipt this Period  \$500.00
B. Full Name, Mailing Address and ZIP Code Daniel B. Wofford 8 Primrose Lane Malvern, PA 19355-9693  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Philadelphia Education Fund  Occupation Director, Philadelphia Scholar  Aggregate Year-to-Date > \$	Date (month, day, year)  10/23/00  \$1,000.00	Amount of Each Receipt this Period  \$250.00
C. Full Name, Mailing Address and ZIP Code Congressman Albert Wynn Wynn for Congress P. O. Box 5323 Capital Heights, MD 20743  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U. S. House of Representatives  Occupation Member of Congress  Aggregate Year-to-Date > \$	Date (month, day, year)  10/26/00  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
D. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None. Above Contribution earmarked through this organization  Occupation Conduit total: \$2,250  Aggregate Year-to-Date > \$	Date (month, day, year)  10/26/00	Amount of Each Receipt this Period MEMO  \$1,000.00
E. Full Name, Mailing Address and ZIP Code Alfred G. Yates, Jr. 519 Allegheny Bldg. Pittsburgh, PA 15219  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self  Occupation Attorney  Aggregate Year-to-Date > \$	Date (month, day, year)  11/2/00  \$500.00	Amount of Each Receipt this Period  \$500.00
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$2,250.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$28,405.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

Contributions from Party 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 Pennsylvania Democratic Party 510 North Third St. Harrisburg, PA 17101	Name of Employer  Occupation	Date (month, day, year)  10/23/00	Amount of Each Receipt This Period  \$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>\$6,000.00</u>		
B. 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 > \$		
C. 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 > \$		
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) .....	\$3,000.00
TOTAL This Period (last page this line number only) .....	\$3,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 1 OF 5  
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 AFGE Political Action Committee 80 F Street NW Washington, DC 20001	Name of Employer  Occupation	Date (month, day, year)  10/25/00	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 \$	\$2,500.00
B. Full Name, Mailing Address and ZIP Code Allfirst Financial, Inc. Federal PAC 110 S. Paca St. #109-100 Baltimore, MD 21201	Name of Employer  Occupation	Date (month, day, year)  10/27/00	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 \$	\$100.00
C. Full Name, Mailing Address and ZIP Code Americans for Democratic Action-PAC (ADA PAC) 1625 K Street, NW., Suite 210 Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year)  10/26/00	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 \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Bakery, Confectionery, Tobacco Workers & Grain Millers International Union PAC 10401 Connecticut Avenue Kensington, MD 20895-3961	Name of Employer  Occupation	Date (month, day, year)  11/4/00	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 \$	\$1,500.00
E. Full Name, Mailing Address and ZIP Code Bricklayers & Allied Craftworkers (BACHAC) 815 15th St. NW 3rd Fl. Washington, DC 20005-	Name of Employer  Occupation	Date (month, day, year)  10/30/00	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
F. Full Name, Mailing Address and ZIP Code Brotherhood of Locomotive Engineers PAC Fund 10 G St. NE Suite 480 Washington, DC 20002-	Name of Employer  Occupation	Date (month, day, year)  11/6/00	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 \$	\$2,500.00
G. Full Name, Mailing Address and ZIP Code Brotherhood of Locomotive Engineers PAC Fund 10 G St. NE Suite 480 Washington, DC 20002-	Name of Employer  Occupation	Date (month, day, year)  11/5/00	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 \$	\$2,500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$5,100.00
<b>TOTAL</b> 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 5  
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 C0035171B

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CALPAC - California Aggressive Leadership PAC 555 Capitol Mall, Suite 1425 Sacramento, CA 95814		11/2/00	\$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
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DASH PAC 424 C Street, NE Washington, DC 20002		10/26/00	\$2,500.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Empower People PAC P. O. Box 580 Lucasville, OH 45648		11/8/00	\$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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOU PCC (Graphic Communications International Union PCC) 1900 L St., NW Washington, DC 20036-5080		10/26/00	\$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
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Longshoremen's Assn COPE 17 Battery Place New York, NY 10004-		11/3/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Intl Assn of Heat & Frost Insul & Asbestos Wrkrs PAC 1776 Massachusetts Avenue, NW, Suite 301 Washington, DC 20035-		10/26/00	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Intl Org of Masters, Mates & Pilots Pol. Contrib 700 Maritime Blvd. Linthicum Heights, MD 21090		10/26/00	\$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

\*See pg 5-5

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$6,650.00
<b>TOTAL</b> 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 5  
FOR LINE NUMBER 11(g)

**Contributions from Other Political Committees**

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 purpose, 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ILOE/EPEC-Voluntary Intl Union of Operating Engineers Engineers Political Education Committee Washington, DC 20036-		10/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,100.00
B. Full Name, Mailing Address and ZIP Code League of Conservation Voters 1707 L Street, NW Suite 550 Washington, DC 20036-		10/30/00	\$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
C. Full Name, Mailing Address and ZIP Code Legislative Education Action Program (LEAP) Internatl Bro. Of Boilermakers, Iron Ship Bldrs, Blacksmiths, Forgers & Helpers Fairfax, VA 22031		10/25/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$8,000.00
D. Full Name, Mailing Address and ZIP Code Legislative Education Action Program (LEAP) Internatl Bro. Of Boilermakers, Iron Ship Bldrs, Blacksmiths, Forgers & Helpers Fairfax, VA 22031		10/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$8,000.00
E. Full Name, Mailing Address and ZIP Code Mr. David E. Bonior Evergreen Fund P. O. Box 75214 Washington, DC 20013-5214		11/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,500.00
F. Full Name, Mailing Address and ZIP Code Natl Assn of Securities & Commercial Law Attys PAC --NASCAT PAC--1300 Eye St., NW, Suite 480 E Washington, DC 20005-		10/28/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Natl Cmte to Preserve Social Security PAC 2000 K St NW Suite 800 Washington, DC 20006-		11/4/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00

**SUBTOTAL** of Receipts This Page (optional) .....

\$5,250.00

**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 4 OF 5  
FOR LINE NUMBER 11(c)

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 CD0351718

A. Full Name, Mailing Address and ZIP Code NEA Fund for Children and Public Education Natl Education Assn Fund for Children and PublicEd 1201 16th St., NW, Suite 421 Washington, DC 20038-	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/23/00 \$8,000.00	Amount of Each Receipt this Period \$4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/23/00 \$5,000.00	Amount of Each Receipt this Period \$2,500.00
B. Full Name, Mailing Address and ZIP Code PAC to the Future 268 Bush Street San Francisco, CA 94104  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/26/00 \$5,000.00	Amount of Each Receipt this Period \$2,500.00
C. Full Name, Mailing Address and ZIP Code PAC to the Future 268 Bush Street San Francisco, CA 94104  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/27/00 \$4,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code PACE PE/COPE Funds-PACE Intl Un Pol Educ Prgrm Paper Allied-Industrial Chemical & Energy Wrkrs P. O. Box 1475  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/23/00 \$5,000.00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code The National Leadership PAC 2100 Pennsylvania Ave.-Suite 400 Washington, DC 20037-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/1/00 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code UNITE CAMP CDMM UNITE Campaign Committee 1710 Broadway New York, NY 10019-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/6/00 \$2,700.00	Amount of Each Receipt this Period \$500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$12,500.00</b>
<b>TOTAL</b> 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 5  
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
UWUA Political Contributions Committee 815 16th St., NW, Suite 605 Washington, DC 20006		10/23/00	\$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
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Earmarked through this organization	11/3/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Conduit Total \$2,250	Aggregate Year-to-Date > \$	MEMO
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	

\*1

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$1,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$31,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

Other Receipts

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

**NAME OF COMMITTEE (in Full)**

Committee to Elect Ed O'Brien C0035171B

A. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Name of Employer * CAP Acct Interest Occupation	Date (month, day, year) 10/31/00	Amount of Each Receipt This Period \$506.39
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 38,581.09	
B. Full Name, Mailing Address and ZIP Code		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 > \$	
C. Full Name, Mailing Address and ZIP Code		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 > \$	
D. Full Name, Mailing Address and ZIP Code		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		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		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		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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$506.39
<b>TOTAL</b> This Period (last page this line number only) .....	\$506.39

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 8  
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 18103-1556	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$201.50
B. Full Name, Mailing Address and ZIP Code AMTRAK  Philadelphia, PA	Purpose of Disbursement Rail ticket Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$57.00
C. Full Name, Mailing Address and ZIP Code AT&T P. O. Box 9001310 Louisville, KY 40290-1310	Purpose of Disbursement Long Distance Telephone serv Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$2,585.47
D. Full Name, Mailing Address and ZIP Code AT&T P. O. Box 9001310 Louisville, KY 40290-1310	Purpose of Disbursement Telephone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	\$249.20
E. Full Name, Mailing Address and ZIP Code Bell Atlantic Verizon P. O. Box 28000 Lehigh Valley, PA 18002-8000	Purpose of Disbursement Sopl Telephone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$370.72
F. Full Name, Mailing Address and ZIP Code Bell Atlantic - Verizon P. O. Box 28000 Lehigh Valley, PA 18002-8000	Purpose of Disbursement Telephone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$900.76
G. Full Name, Mailing Address and ZIP Code Bell Atlantic - Verizon P. O. Box 28000 Lehigh Valley, PA 18002-8000	Purpose of Disbursement Telephone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	\$503.14
H. Full Name, Mailing Address and ZIP Code Bethlehem Club 520 N. New Street Bethlehem, PA 18018	Purpose of Disbursement 10/18/00 Gephardt reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$757.89
I. Full Name, Mailing Address and ZIP Code Mr. Thomas R. Bullock, III 115 D St., SE Apt. 101 Washington, DC 20003	Purpose of Disbursement 11/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$1,361.91

**SUBTOTAL** of Disbursements This Page (optional) .....

\$7,057.59

**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 8  
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	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Thomas R. Bullock, III 115 D St., SE Apt. 101 Washington, DC 20003	10/16-31/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$1,327.62
Mr. Jason Burke 2 Westlake Court Norwalk, CT 06850	11/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$2,212.35
Mr. Jason Burke 2 Westlake Court Norwalk, CT 06850	10/18-31/00 Salary and reimburse Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$1,914.39
City of Bethlehem 10 East Church St. Bethlehem, PA 18018	3rd Q. Payroll Tax Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$19.60
City of Bethlehem 10 East Church St. Bethlehem, PA 18018	3rd Q., 2000 Payroll Tax Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$328.25
Collins' Restaurant Center Street Bethlehem, PA 18018	B/S Meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	\$8.25
Collins' Restaurant Center Street Bethlehem, PA 18018	Campaign meetings for Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/8/00	\$165.40
Consolidated Graphics c/o Darlene Sabo 1901 Mayview Road Bridgeville, PA 15017	Inv. #5797D Mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$4,180.10
Crouse, Malchow & Schlachman, Inc. 1133 15th St., NW Suite 350 Washington, DC 20005-2710	Direct Mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$30,261.00

**SUBTOTAL of Disbursements This Page (optional)** .....

**\$40,419.95**

**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 3 OF 3  
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 CD0351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crouse, Malchow & Schlachman, Inc. 1133 15th St., NW Suite 350 Washington, DC 20005-2710	Direct Mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/00	\$28,747.95
Crouse, Malchow & Schlachman, Inc. 1133 15th St., NW Suite 350 Washington, DC 20005-2710	Direct Mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$31,269.70
Democrats.com 500 East 77th St., Apt. 1423 New York, NY 10021	Web Page Contrib. Collection Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$8.37
Edward J. O'Brien 1775 Chapel Avenue Allentown, PA 18103	10/13-23/00 Meetings, travel re Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$379.26
Edward J. O'Brien 1775 Chapel Avenue Allentown, PA 18103	Meetings, travel reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$266.89
Express Times 531 Main Street Bethlehem, PA 18108	11/8 Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	\$2,457.00
Express Times 531 Main Street Bethlehem, PA 18108	Sat. full page ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$3,780.00
First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Oct. payroll taxes due 11/15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$4,086.02
First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Bank wire transfer fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	\$15.00

**SUBTOTAL** of Disbursements This Page (optional) .....

\$71,011.19

**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 8  
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 C0035171B

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Bank Service Charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$21.25
B. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Bank wire transfer fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	\$15.00
C. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Bank Wire Transfer Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$15.00
D. Full Name, Mailing Address and ZIP Code First Union National Bank West Broad Street Branch Bethlehem, PA 18018	Wire Transfer Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$15.00
E. Full Name, Mailing Address and ZIP Code Ms. Deborah Gawlick 320 Wood Street Bethlehem, PA 18018	P.C.: Postage, office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$83.11
F. Full Name, Mailing Address and ZIP Code Kimberly Jones 496 Court St. Brooklyn, NY 11231	10/16-31/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$1,177.25
G. Full Name, Mailing Address and ZIP Code Kimberly Jones 496 Court St. Brooklyn, NY 11231	11/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$1,177.25
H. Full Name, Mailing Address and ZIP Code Marriott Residence Inn Airport Road Allentown, PA 18101	11/3-8/00 Jason Burke Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/00	\$361.36
I. Full Name, Mailing Address and ZIP Code MC1 WorldCom P. O. Box 4644 (Customer Service) Iowa City, IA 52244-4644	Sept. Long Distance Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$857.35

SUBTOTAL of Disbursements This Page (optional) .....

\$3,522.56

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 5 OF 8  
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	Date (month, day, year)	Amount of Each Disbursement This Period
MCI WorldCom P. O. Box 4644 (Customer Service) Iowa City, IA 52244-4644	Long Distance Telephone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	\$711.58
B. Full Name, Mailing Address and ZIP Code Morning Call Newspaper 101 N. 6th Street Allentown, P 18101	Sat. full page ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$2,680.60
C. Full Name, Mailing Address and ZIP Code Ms. Sarah E. Nelper 307 East 19th St. Northampton, PA 18067	10/16-31/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$474.30
D. Full Name, Mailing Address and ZIP Code Ms. Sarah E. Nelper 307 East 19th St. Northampton, PA 18067	11/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$474.30
E. Full Name, Mailing Address and ZIP Code Northwest Airlines One Northwest Road Livonia, MI 48152-3938	DISPUTED DUPLICATE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$555.50
F. Full Name, Mailing Address and ZIP Code Nova Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Monthly Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$35.00
G. Full Name, Mailing Address and ZIP Code PA Dept. of Revenue Dept. 280903 Harrisburg, PA 1712B-0903	3rd Q. Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$919.11
H. Full Name, Mailing Address and ZIP Code PA Unemployment Compensation Fund Dept. of Labor & Industry Harrisburg, PA 17121	3rd Q. Premium Due Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$1,132.81
I. Full Name, Mailing Address and ZIP Code Pat's News Stand 327 South New St. Bethlehem, PA 18015	Newspapers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$86.60

**SUBTOTAL** of Disbursements This Page (optional) .....

\$7,069.80

**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 6 OF 8  
 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
Mr. Sean Rankin 401 Holland Avenue Apt. 105 Alexandria, VA 22314	Oct., 2000 Fundraising Consult. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Red Lobster Restaurant Lehigh Valley Mall Whitehall, PA	Post Election Meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/00	\$409.85
C. Full Name, Mailing Address and ZIP Code Rindy, Miller & Bates Scott Bates 501 N. Interregional Austin, TX 78702	Media Consulting Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	\$12,000.00
D. Full Name, Mailing Address and ZIP Code Rindy, Miller & Bates Scott Bates 501 N. Interregional Austin, TX 78702	Production Costs TV Spots Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$4,890.00
E. Full Name, Mailing Address and ZIP Code Mr. Gene Schantzenbach 329 Fernwood St. Emmaus, PA 18049	Tee Shirts reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$21.00
F. Full Name, Mailing Address and ZIP Code Schlecker Printing 1148 Washington Street Allentown, PA 18102	Invoice #6440 Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$689.00
G. Full Name, Mailing Address and ZIP Code Schlecker Printing 1148 Washington Street Allentown, PA 18102	Inv. #6583 Handouts Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	\$689.00
H. Full Name, Mailing Address and ZIP Code Schlecker Printing 1148 Washington Street Allentown, PA 18102	Inv. #6574, 6594 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$1,431.00
I. Full Name, Mailing Address and ZIP Code Mr. Peter Schweyer 2252 Apt. B, Aster Rd. Bethlehem, PA 18018	10/16-31/00 Salary, expense re Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$497.71

**SUBTOTAL** of Disbursements This Page (optional) .....

\$21,427.56

**TOTAL** This Period (see page title 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 17

Operating Expenditures

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**NAME OF COMMITTEE (in Full)**

Committee to Elect Ed O'Brien CD0051718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Peter Schweyer 2252 Apt. B, Asler Rd. Bethlehem, PA 18018	11/1-15/00 Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$417.75
B. Full Name, Mailing Address and ZIP Code Service Electric Telephone Co. 4242 Mauch Chunk Road Coplay, PA 18037-2198	Telephone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$39.66
C. Full Name, Mailing Address and ZIP Code Times-News & Record  Lehighton, PA 18235	Sat. full page ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$1,171.80
D. Full Name, Mailing Address and ZIP Code U. S. Postal Service Wood Street Branch Bethlehem, PA 18018	Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/00	\$330.00
E. Full Name, Mailing Address and ZIP Code U. S. Postal Service Wood Street Branch Bethlehem, PA 18018	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/00	\$198.00
F. Full Name, Mailing Address and ZIP Code U. S. Postal Service Wood Street Branch Bethlehem, PA 18018	Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$33.00
G. Full Name, Mailing Address and ZIP Code U. S. Postal Service Wood Street Branch Bethlehem, PA 18018	Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$165.00
H. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 4980 Hagerstown, MD 21747-4980	Invoice No. 420 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$25.31
I. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 4980 Hagerstown, MD 21747-4980	Shipping Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$27.31

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$2,407.86
<b>TOTAL</b> 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 8 OF 8  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Committee to Elect Ed O'Brian C00351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Xando's Restaurant Philadelphia, PA	Fundraising Reception 10/3/00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$225.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$225.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$153,141.52

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 20(a)

**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)**

Committed to Elect Ed O'Brien CD0351718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Win O'Brien 6350 Caton St. Pittsburgh, PA 15217	Refund of Individual contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	\$100.00
B. Full Name, Mailing Address and ZIP Code Mr. Harry M. Roth 2 Penn Center Plaza Suite 1705 Philadelphia, PA 19102	Refund of Individual Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	\$100.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$200.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$200.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 20(c)

**Refunds of Contributions to PACs**

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 Refund of PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Occidental Petroleum Corp. PAC (OXYPA) 10889 Wilshire Blvd. Los Angeles, CA 90024		10/20/00	\$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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$1,000.00
<b>TOTAL</b> 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 C00351718

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Edward J. O'Brien 1775 Chapel Avenue Allentown, PA 18103	51,400.00	\$0.00	\$1,400.00

Electors:  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

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

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

Electors:  Primary  General  Other (specify):  
 Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)  Secured

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

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

SUBTOTALS This Period This Page (optional) .....	
TOTALS This Period (last page in this line only) .....	\$1,400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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) 11/29/00
<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	
CR PREPARER	12/4/00 DATE PREPARED