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

<p>A. Full Name, Mailing Address and Zip Code Midatlantic Realty Assoc. Attn: Sal Valente 21 Central Ave West Orange, NJ 07052-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually</p> <p>Occupation</p>	<p>Date (month, day, year) 11/02/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Frank A. Mikorski 1294 Regency Place South Plainfield, NJ 07080-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p>	<p>Date (month, day, year) 11/07/2000</p> <p>Aggregate Year-to-Date -> 416.00</p>	<p>Amount of Each Receipt this Period 30.00</p>
<p>C. Full Name, Mailing Address and Zip Code Carol Miller 6 Split Rock Road Livingston, NJ 07039-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer N/A</p> <p>Occupation Homemaker</p>	<p>Date (month, day, year) 11/03/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code John Miller 1137 Silas Deane Hwy Wethersfield, CT 06109-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Close Jensen & Miller</p> <p>Occupation Engineer</p>	<p>Date (month, day, year) 10/20/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code John Miller 1137 Silas Deane Hwy Wethersfield, CT 06109-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Close Jensen & Miller</p> <p>Occupation Engineer</p>	<p>Date (month, day, year) 10/23/2000</p> <p>Aggregate Year-to-Date -> 750.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Paul Miller 6 Splitrock Road Livingston, NJ 07039-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Pfizer Corp.</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 11/03/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Peter Miller 237 Orchard Way St. Davids, PA 19087-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer J & J</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 10/20/2000</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)	3,530.00
TOTAL This Period (last page this line number only)	