

RECEIVED
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WELLES & McGRATH

ATTORNEYS AT LAW
11TH FLOOR BANK TOWERS
321 SPRUCE STREET
SCRANTON, PENNSYLVANIA 18503

Oct 18 12 15 PM '96

HENRY C. McGRATH
C. H. WELLES JR.
PETTER
CHARLES H. WELLES

TELEPHONE 348-4961
AREA CODE 717
FAX 348-4964

October 14, 1996

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

RE Keep McDade in Congress Committee
I.D. #003395

Dear Sir:

Enclosed is the October 15 Quarterly report for the above referenced committee covering the period from July 1, 1996 through September 30, 1996.

Very truly yours,



Henry C. McGrath

HCM:kb
Encl.
Certified Mail

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 18 12 15 PM '96

USE FEC MAILING LABEL
OR
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000047548 082795
HENRY C. MC GRATH
KEEP MCDADE IN CONGRESS COMMITTEE
11TH FLOOR BANK TOWERS
321 SPRUCE STREET
SCRANTON PA 18503

2. FEC IDENTIFICATION NUMBER
003395
3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/96 through 9/30/96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	63,797.00	172,002.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 8(b) from 6(a))	63,797.00	172,002.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	111,047.04	219,331.41
(b) Total Offsets to Operating Expenditures (from Line 14)	3,000.00	3,000.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	108,047.04	216,331.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	206,401.29	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	1,500.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	NONE	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-8420

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
Henry C. McGrath

Signature of Treasurer *Henry C. McGrath* Date
10/15/96

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

FEC FORM 3
(revised 4/87)

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) KEEP McDADE IN CONGRESS COMMITTEE	Report Covering the Period:		
	From:	To:	
	7/1/96	9/30/96	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	31,900.00		11(a)(i)
(ii) Unitemized	7,197.00		11(a)(ii)
(ii) Total of contributions from individuals	39,097.00	100,577.00	11(a)(iii)
(b) Political Party Committees	1,000.00	3,000.00	11(b)
(c) Other Political Committees (such as PACs)	23,700.00	68,425.00	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	63,797.00	172,002.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3,000.00	3,000.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2,037.21	9,617.81	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	68,834.21	184,619.81	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	111,047.04	219,331.41	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS	2,050.00	2,950.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	113,097.04	222,281.41	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	250,664.12	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	68,834.21	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	319,498.33	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	113,097.04	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	206,401.29	27

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. N. Piasecki Turnbridge Road Haverford, PA 19041	Piasecki Aircraft Corporation	7/3/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date: \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C. Shanley 112 Rosebrook Road New Cannan, CT 06840		7/3/96	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul J. Labelle Box 10, Miller Road Waverly, PA 18471		7/3/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy Berkowitz R.D. 1, Box 40-A6 Monroeton, PA 18832	PhysicianCare PC	7/22/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Surgeon	Aggregate Year-to-Date: \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lynch 1512 Adams Ave. Dunmore, PA 18509	Laminations, Inc.	8/5/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	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
Mary Lynch 1512 Adams Ave. Dunmore, PA 18509	Laminations, Inc.	8/5/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Administrator	Aggregate Year-to-Date: \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lynch 829 Grandview Street Scranton, PA 18509	Laminations, Inc.	8/5/96	1,000.00
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	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 11(A)

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Lynch 1512 Adams Ave. Dunmore, PA 18509	Laminations, Inc.	8/5/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	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
J. Thomas Quigg 23 Lake Avenue Montrose, PA 18801	Pump 'n Pantry, INC.	8/6/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date \$ 750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank M. Collins P. O. Box 140 Media, PA 19063	Self-employed	8/16/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harmar D. Brereton, MD R.D. 3, Sugarbush Road Dalton, PA 18414	Self-employed	8/23/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Richard C. Whitner 1800 N. Kent Street, Suite 1104 Arlington, VA 22204	R. C. Whitner & Assoc., Inc.	9/13/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing Consultant	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
Nancy K. Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039	Drs. Gearson & Jacobs	9/18/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Receptionist	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John L. Winkel 10036 Chartwell Manor Court Potomac, MD 20854		9/18/96	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	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan Kane Wyndwood Rd. Glebburn Twp. Dalton, PA 18414	Housewife	9/20/96	500.00
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
Sandra A. Gilbert 2414 Garnett Dr. Alexandria, VA 22311	Robison International	9/20/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant 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
Carl T. Byer 4409 S. Pershing Ct. Arlington, VA 22204	Teledyne Industries	9/20/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President 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
Thomas G. Pownall 1800 K Street, N.W., Suite 724 Washington, DC 20006	Retired	9/20/96	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
James L. Ervin 206 S. Lee Street Alexandria, VA 22314	Ervin Technical Associates	9/20/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President 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
M. C. MacKinnon 405 N. Abington Rd. Clarka Green, PA 18411	UGI	9/20/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 800.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerard J. Ferrario 1501 Green Ridge Street Dunmore, PA 18509	Self-employed	9/20/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) _____

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

KEEP. McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Al Ssenofonte 713 E. Drinker St. Dunmore, PA 18512	Falcon Express & Courier	9/20/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Courier/Owner	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 W. Naismith, Ph.D. 55 Roosevelt St. Scranton, PA 18505	William Naismith & Associates	9/20/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Healthcare Investment Consul.	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Austin J. Burke 263 Laurel Street Archbald, PA 18403-2027	Greater Scranton Chamber of Commerce	9/20/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 800.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph G. Cesare, M.D. 120 Old Orchard Road Clarks Green, PA 18411	Self-employed	9/20/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 800.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. David Willson 3209 Tennyson Street, N.W. Washington, DC 20015	Robison International	9/25/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
Melvin F. Sykes, ESQ. P. O. Box 404 Solomons, MD 20688-0404	Law Office of Mel Sykes	9/25/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene J. Kane Wyndwood, Rd., Glenburn Twp. Dalton, PA 18414	Kane Trucking	9/25/96	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	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith W. Eckel 1647 Falls Road Clarks Summit, PA 18411	Self-employed Farmer	9/25/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I. Leo Moskovitz 8 Old Mill Road Jermyn, PA 18433	Retired	9/25/96	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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Keating 1516 Jefferson Ave. Dunmore, PA 18509-2440	Retired	9/25/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J. Harding 923 Electric St. Scranton, PA 18509-1048	B. F. Harding ADJ Co. Insurance ADJ	9/25/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph R. Ellis Waverly Road, Box 571 Waverly, PA 18471-0571	Retired	9/25/96	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
Toni McAndrew Star Route, Box 35 Pleasant Mount, PA 18453	Northeastern Community Health Services Nurse Administrator	9/25/96	900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan B. Graf 520 Old Colony Rd. Clarks Summit, PA 18411	Retired	9/25/96	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		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald T. Nolan 1008 Electric St. Scranton, PA 18509		9/25/96	800.00
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 K. Mericle 600 Baltimore Drive Wilkes-Barre, PA 18702	Mericle Commercial Real Estate Services	9/25/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Developer	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marijo M. Kirtland 4407 Se. Haig Point Ct. Stuart, FL 34997		9/25/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David L. Kirtland 900 Battle Street Scranton, PA 18508	Diamond K Inc.	9/25/96	1 800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 800.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Mortimer B. Fuller, Jr. P. O. Box 697 Dalton, PA 18414		9/27/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 800.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas G. Speicher P. O. Box 163 Archbald, PA 18403-0163	T R Associates	9/27/96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hank Evanish 929 Oak Street Taylor, PA 18517		9/27/96	1,000.00
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	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 7
FOR LINE NUMBER 11(a)

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)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carl J. Greco 321 Spruce Street, Bank Towers Bldg. Scranton, PA 18503	Self-employed	9/27/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
<input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	31,900.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of this Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

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)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bentley Re-Elect Committee P. O. Box 10619 Towson, MD 21285-0619	Occupation	7/22/96	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt 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	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	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	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	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) _____

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

1,000.00

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NAME OF COMMITTEE (In Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Build PAC 1201 15th Street N.W. Washington, DC 20005-2800		7/29/96	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union Employees Good Government "F" Fund One First Union Plaza Charlotte, NC 28288		8/9/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deloitte & Touche, L.L.P. Federal PAC P. O. Box 365 Washington, DC 20044-0365		8/26/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hughes Active Citizenship Fund P. O. Box 80028, C-129 Los Angeles, CA 90080-0028		9/11/96	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Bakers Assoc., Inc. Bake PAC Account Washington, D.C. 20007		9/11/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hughes Active Citizenship Fund P. O. Box 80028, C-129 Los Angeles, CA 90080-0028		9/13/96	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MBNA Corporation Federal Political Committee (MBNA CORP PAC) Wilmington, DE 19884-0616		9/13/96	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	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Action Committee for Rural Electrification 4301 Wilson Boulevard Arlington, VA 22203-1860		9/18/96	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
Bethlehem Steel Good Government Committee 1667 K St., NW #600 Washington, DC 20006		9/18/96	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Milk Marketing, Inc. 8257 Dow Cir. Strongsville, Ohio 44136		9/20/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GTE Political Action Club 1850 M. St., N.W., Suite 1200 Washington, DC 20036		9/20/96	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Loral Spacecom Civic Responsibility Fund 1755 Jefferson Davis Hwy., Suite 1007 Arlington, VA 22202		9/20/96	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mellon Bank Corporation PAC One Mellon Bank Center, Room 625 Pittsburgh, PA 15244		9/20/96	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Computing Devices International 8800 Queen Ave., S. Bloomington, MN 55431-1996		9/20/96	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	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AEL PAC P. O. Box 55 Lansdale, PA 19446 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1,500.00	9/25/96	500.00
CSX Good Government Fund P. O. Box C-32222 Richmond, VA 23261 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	9/25/96	500.00
ASPAC 1001 Pennsylvania Avenue N.W., STE. 700 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	9/25/96	1,000.00
RAYTHEON PAC 141 Spring Street Lexington, MA 02173-7899 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	9/25/96	500.00
Litton Employees PAC 360 N. Crescent Dr. Beverly Hills, CA 90210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	9/27/96	1,000.00
Litton Employees PAC 360 N. Crescent Dr. Beverly Hills, CA 90210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,500.00	9/27/96	500.00
Duchossois Industries, Inc. PAC 845 Larch Avenue Elmhurst, IL 60126 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	9/27/96	5,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Abbott Laboratories Better Government Fund Route 137 and Waukegan Road Abbott Park, Illinois 60064		9/27/96	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	
B. Full Name, Mailing Address and ZIP Code Bell Atlantic PAC 1717 Arch Street, 46W Philadelphia, PA 19103		9/27/96	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	
C. Full Name, Mailing Address and ZIP Code Rockwell International Corporation Good Government Committee Federal Election Fund 625 Liberty Ave. Pittsburgh, PA 15222-3123		9/27/96	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 SPDPAC 13500 Roosevelt Boulevard Philadelphia, PA 19116		9/27/96	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 National League of Postmasters PAC 1023 N. Royal Street Alexandria, VA 22314-1569		9/27/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code AANA CRNA PAC 222 South Prospect Avenue Park Ridge, Illinois 60068		9/27/96	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	
G. Full Name, Mailing Address and ZIP Code Philip Morris Companies, Inc. (PHIL-PAC) 120 Park Avenue New York, NY 10017		9/27/96	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	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

23,700.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code Michael Gratz Insurers 133 Main Street Blakely, PA 18447	Name of Employer Casualty insurance proceeds	Date (month, day, year) 9/18/96	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):		Occupation Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, day, year) Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, day, year) Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, day, year) Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, day, year) Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, day, year) Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, day, year) Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code PNC Bank, N. A. Wyoming Ave. & Spruce Street Scranton, PA 18503	Name of Employer Interest Occupation	Date (month, day, year) 7/1/96 to 9/30/96	Amount of Each Receipt this Period 2,037.21
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 9,617.81		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt 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	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	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)

TOTAL This Period (last page this line number only)

2,037.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CTCO P. O. Box 1000 Dallas, PA 18690	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/96	19.13
B. Full Name, Mailing Address and ZIP Code Morgan, Meredith & Associates 4451 Brookfield Corp. Dr., Suite 200 Chantilly, VA 22021-1652	Purpose of Disbursement Campaign related svcs for June, 1996 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/96	2,734.72
C. Full Name, Mailing Address and ZIP Code C. Richard Marshall Marshall Air Brake Connell Building Scranton, PA 18503	Purpose of Disbursement Reimbursement for fund raiser expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/96	80.00
D. Full Name, Mailing Address and ZIP Code C. Richard Marshall Marshall Air Brake Connell Building Scranton, PA 18503	Purpose of Disbursement Reimbursement for fund raiser expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/96	200.00
E. Full Name, Mailing Address and ZIP Code Radisson Hotel 700 Lackawanna Avenue Scranton, PA 18503	Purpose of Disbursement Fund raiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/96	6,947.50
F. Full Name, Mailing Address and ZIP Code McNulty Productions 1724 Monsey Avenue Scranton, PA 18509	Purpose of Disbursement TV Commercials Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/96	1,000.00
G. Full Name, Mailing Address and ZIP Code U. S. Postmaster Scranton, PA 18501	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/96	64.00
H. Full Name, Mailing Address and ZIP Code Morgan, Meredith & Associates 4451 Brookfield Corp Drive, Suite 200 Chantilly, VA 22021-1652	Purpose of Disbursement Campaign relates svcs for July, 1996 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/96	2,285.51
I. Full Name, Mailing Address and ZIP Code Tara L. Reinhart Rt. 2, Box 4726 Scottsville, VA 24590	Purpose of Disbursement Legal services for June, 1996 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/96	9,342.25

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican State Committee 112 State Street Harrisburg, PA 17101	Registration fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/96	400.00
B. Full Name, Mailing Address and ZIP Code Condron & Company 226 Wyoming Avenue Scranton, PA 18503	Media services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/96	14,789.66
C. Full Name, Mailing Address and ZIP Code CTGO P. O. Box 1000 Dallas, PA 18690	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/96	19.19
D. Full Name, Mailing Address and ZIP Code U. S. Postmaster Scranton, PA 18501	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/96	64.00
E. Full Name, Mailing Address and ZIP Code U. S. Postmaster Scranton, PA 18501	Fee for post office box Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/96	58.00
F. Full Name, Mailing Address and ZIP Code Bell Atlantic - VA P. O. Box 17398 Baltimore, MD 21297-0429	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/96	297.38
G. Full Name, Mailing Address and ZIP Code Joseph M. McDade, M. C. 3306 Dauphine Drive Falls Church, VA 22042	Airline tickets to San Diego (reimb.) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/96	3,201.00
H. Full Name, Mailing Address and ZIP Code Perfect Image Video Productions 4565 Ruffner Street, Suite 103 San Diego, CA 92111	TV Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/96	457.50
I. Full Name, Mailing Address and ZIP Code U. S. Postmaster Scranton, PA 18501	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/96	32.00

SUBTOTAL of Disbursements This Page (optional)

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 6

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster Scranton, PA 18501	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/96	6.28
B. Full Name, Mailing Address and ZIP Code Jaworski Sign Company 913-15 So. Main Avenue Scranton, PA 18504	Pole signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/96	731.40
C. Full Name, Mailing Address and ZIP Code Joseph M. McDade, M. C. 3306 Dauphine Drive Falls Church, VA 22042	Reimb. for national convention lodging Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/96	915.81
D. Full Name, Mailing Address and ZIP Code C. Richard Marshall Marshall Air Brake Connell Building Scranton, PA 18503	Reimb. for campaign headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/96	600.00
E. Full Name, Mailing Address and ZIP Code Joseph M. McDade, M. C. 3306 Dauphine Drive Falls Church, VA 22042	Reimb. for airline tickets from convention Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/96	3,201.00
F. Full Name, Mailing Address and ZIP Code Bell Atlantic P. O. Box 17398 Baltimore, MD 21297-0429	Headquarters phone deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/96	1,275.00
G. Full Name, Mailing Address and ZIP Code Joseph M. McDade, M. C. 3306 Dauphine Drive Falls Church, VA 22042	Reimb. for car rental for convention Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/96	246.75
H. Full Name, Mailing Address and ZIP Code Joseph M. McDade, M. C. 3306 Dauphine Drive Falls Church, VA 22042	Reimb. for dinner hosted by NEPA delegates Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/96	584.15
I. Full Name, Mailing Address and ZIP Code U. S. Postmaster Scranton, PA 18501	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/96	128.00

SUBTOTAL of Disbursements This Page (optional)

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 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U; S. Postmaster Scranton, PA 18501	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/96	128.00
B. Full Name, Mailing Address and ZIP Code Bell Atlantic P. O. Box 17398 Baltimore, MD 21297-0429	Headquarters phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/96	118.62
C. Full Name, Mailing Address and ZIP Code CTCO P. O. Box 1000 Dallas, PA 18690	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/96	19.19
D. Full Name, Mailing Address and ZIP Code Morgan, Meredith & Associates 4451 Brookfield Corp. Dr., Suite 200 Chantilly, VA 22021-1652	Campaign related svcs. For August, 1996 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	3,730.63
E. Full Name, Mailing Address and ZIP Code American Environmental Outfitters 1400 Albright Ave. Scranton, PA 18509	T-Shirts Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	310.80
F. Full Name, Mailing Address and ZIP Code Cal-Ideas, Inc. 111 S. Blakely St. Dunmore, PA 18512	Signs and balloons Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	3,127.00
G. Full Name, Mailing Address and ZIP Code Cal-Ideas, Inc. 111 S. Blakely St. Dunmore, PA 18512	Stickers, buttons and-sponges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	2,888.50
H. Full Name, Mailing Address and ZIP Code Weiles & McGrath 1117 Bank Towers, 321 Spruce Street Scranton, PA 18503	Reimb. for FEDEX charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	272.50
I. Full Name, Mailing Address and ZIP Code James Barrett McNulty Productions 1724 Monsey Avenue Scranton, PA 18509	TV Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	8,000.00

SUBTOTAL of Disbursements This Page (optional)

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 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
QMS Associates 1610 Adams Avenue Scranton, PA 18509	Media services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96	1,440.00
B. Full Name, Mailing Address and ZIP Code Prestwood Photo Service Inc. 1140 Sanderson Ave. Scranton, PA 18509	Photographs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/96	268.13
C. Full Name, Mailing Address and ZIP Code CTCO P. O. Box 1000 Dallas, PA 18690	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/96	19.19
D. Full Name, Mailing Address and ZIP Code The Capitol Hill Club 300 First Street, Southeast Washington, DC 20003.	Breakfast meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/96	472.23
E. Full Name, Mailing Address and ZIP Code THIS SPACE IS BLANK	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Columbus Day Association of Lackawanna County P. O. Box 183 Dunmore, PA 18512	Annual banquet tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/96	300.00
G. Full Name, Mailing Address and ZIP Code Borgna's Body Shop RD 1 Olyphant, PA 18447	Automobile repairs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/96	3,000.00
H. Full Name, Mailing Address and ZIP Code QMS Associates 1610 Adams Avenue Scranton, PA 18509	Media services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/96	1,048.96
I. Full Name, Mailing Address and ZIP Code James Barrett McNulty Productions 1724 Monsey Avenue Scranton, PA 18509	TV Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/96	30,000.00

SUBTOTAL of Disbursements This Page (optional)

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 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

KEEP McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cal-Ideas, Inc. 111 S. Blakely St. Dunmore, PA 18512	Roll labels overlaminated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/96	371.00
B. Full Name, Mailing Address and ZIP Code QMS Associates 1610 Adams Avenue Scranton, PA 18509	Purpose of Disbursement Media services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/96	1,640.00
C. Full Name, Mailing Address and ZIP Code U. S. Postmaster Scranton, PA 18501	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/96	96.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

106,730.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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)

KEEF McDADE IN CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Mike Barrasse 528 Spruce Street Scranton, PA 18503	Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/96	200.00
Committee to Elect Mike Barrasse 528 Spruce Street Scranton, PA 18503	Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/96	200.00
Committee to Elect Mike Barrasse 528 Spruce Street Scranton, PA 18503	Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/96	200.00
Fisher '96 Committee P. O. Box 962 Scranton, PA 18501	Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/96	250.00
Wyoming County Republican Comm. Ad Book 61 College - Box 274 Tunkhannock, PA 18419	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/96	100.00
Monroe County Republican Commission 553 Main Street Stroudsburg, PA 18360	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/96	100.00
Lackawanna County Republican Party 507 Linden St. Scranton, PA 18503	Tickets, programs, donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/96	1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page line the number only)

2,050.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 9
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Keep McDade in Congress Committee				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor People for Fred Belardi Scranton Electric Bldg. Scranton, PA 18503	1,500.00			1,500.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$1,500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT


PREPARED


DATE PREPARED