

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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000152827 PA/17 092900 N
W RAYMOND BUCKS
GEKAS FOR CONGRESS
4800 LINGLESTON RD
SUITE 203
HARRISBURG PA 17112

2. FEC IDENTIFICATION NUMBER

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding

GENERAL
(Type of Election)

July 15 Quarterly Report

election on Nov 2 in the State of PA

October 15 Quarterly Report

Thirtieth day report following the General Election on

January 31 Year End Report

in the State of _____

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-1-00</u> through <u>10-30-00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	30596.00	119678.00
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	29596.00	118678.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24938.18	106964.78
(b) Total Offsets to Operating Expenditures (from Line 14)		6899.36
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24938.18	113864.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	87702.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

LYNDA L. MARTIN

Signature of Treasurer

Lynnda L. Martin

Date

10/23/00

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (In full)	Report Covering the Period:	
<i>TEXAS FOR CONGRESS</i>	From <i>10-1-00</i>	To <i>10-30-00</i>
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) _____	<i>10,996.00</i>	
(ii) Unitemized _____		
(iii) Total of contributions from individuals _____	<i>10,996.00</i>	<i>22,328.00</i>
(b) Political Party Committees _____	<i>200.00</i>	<i>200.00</i>
(c) Other Political Committees (such as PACs) _____	<i>19,400.00</i>	<i>87,150.00</i>
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	<i>30,596.00</i>	<i>119,678.00</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____		
13. LOANS:		
(a) Made or Guaranteed by the Candidate _____		
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____		<i>6,899.36</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____	<i>112.81</i>	<i>1,012.50</i>
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	<i>30,708.81</i>	<i>127,589.86</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	<i>24,938.18</i>	<i>106,964.78</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate _____		
(b) Of All Other Loans _____		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees _____	<i>1,000.00</i>	<i>1,000.00</i>
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	<i>1,000.00</i>	<i>1,000.00</i>
21. OTHER DISBURSEMENTS _____		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	<i>25,938.18</i>	<i>107,964.78</i>

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	<i>82,931.96</i>
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	<i>30,708.81</i>
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	<i>113,640.77</i>
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	<i>25,938.18</i>
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	<i>87,702.59</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 13
FOR LINE NUMBER 11A

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)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMES F. ALLSUP P.O. BOX 1649 BELLEVILLE IL 62223	SELF	10-3-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 2000.00	
LINDA A. CARCIDI 60 HIGH RIDGE TRAIL MECHANICSBURG PA 17055		10-3-00	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	
H. ROBERT SAULS 508 CREEKVIEW LANE MECHANICSBURG PA 17055		10-3-00	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 25.00	
ROBERT J. FUNK 604 REYMOND RD LEBANON PA 17042		10-3-00	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	
AUGUST JATRAS 821-A1 PINE HOU Circle LAKE WORTH FL 33463		10-3-00	10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 10.00	
RICHARD W. LUNG 52 N. 2ND ST. NEWPORT PA 17074		10-3-00	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	
FRANCIS C. MCNAUGHTEN 4409 SAGBROOK LANE HARRISBURG PA 17110		10-3-00	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	

SUBTOTAL of Receipts This Page (optional) **1435.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 113
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

GERAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY L. NALBANDIAN 80 GREENWOOD Circle WORMLEYSBURG PA 17043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Commerce Bank Occupation: EXEC.	10-3-00	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY F. PACKER 1502 Knollcrest RD HARRISBURG PA 17112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAIP PETERS 402 CANDLEWYCK RD CAMP Hill PA 17011 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD L. PLACEY 240 N 33rd St. CAMP Hill PA 17011 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD L. Preston 205 28th AVE NE St Petersburg FL 33704 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK C RITZER 25 W. MAIN St MECHANICSBURG PA 17055 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAJ. GEN. FRANK A SMOKER 100 EAST BERMAN AVE LEBANON PA 17042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	50.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK R. SOURBEE P.O. Box 6148 HARRISBURG PA 17110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
Aggregate Year-to-Date > \$ 100.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT K. STAZ 3800 LAMP POST LANE CAMP HILL PA 17011 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
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
MARK A. TICE 504 Maple St. Annville PA 17003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	50.00
Aggregate Year-to-Date > \$ 50.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHESTER R. TRAUT 6430 GALLOP RD HARRISBURG PA 17111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
Aggregate Year-to-Date > \$ 100.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KARL WILCOX 6630 FORESTAL CIRCLE HARRISBURG PA 17112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: CPA	10-3-00	200.00
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
GIDEON VACHAN 851 S. 19th St. HARRISBURG PA 17104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	GTS TECH INC Occupation: Civil Engineer	10-3-00	500.00
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
GEORGE C. CUSIK P.O. BOX 506 LEEDS, AL 35094 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ROCK WOOD MANUFACTURES Occupation: VICE PRESIDENT	10-2-00	200.00
Aggregate Year-to-Date > \$ 200.00			

SUBTOTAL of Receipts This Page (optional) **1250.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

TEXAS FOR TEXAS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM HUGHES, JR. 69 FAIRWAY DRIVE CAMP HILL, PA 17011	KATHIE'S CHRISTMAS	10-05-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS OWNER Aggregate Year-to-Date > \$200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT M. LAUMAN 1100 CORDWOOD DRIVE LEBANON, PA 17042		10-05-00	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
JOSYAH LEIBMAN 4049 GREENSTONE DR. HARRISBURG, PA 17112-1092		10-05-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED Aggregate Year-to-Date > \$200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES MITHALOFF 1147 CENTR. COURT HARRISBURG, PA 17111		10-5-00	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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. MATTHEW SAGERIST 701 S. MARKET ST. MECHANICSBURG, PA 17055-6413		10-05-00	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
RONALD D. SNOBERGER 1650 N. 7TH ST. SUNSET COMPLEX LEBANON, PA 17046	SELF	10-05-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BROKER Aggregate Year-to-Date > \$200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNE B. SWEIGART 207 EAST MAIN STREET EPHRATA, PA 17522		10-05-00	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		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 13
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>ALEX GRASS 4025 CROOKED HILL RD HARRISBURG, PA 17110</i>		<i>10-10-00</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
<i>JOHN HALL 2345 ROSEBURN ROAD WELLSVILLE, PA 17365-9750</i>		<i>10-10-00</i>	<i>25.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>25.00</i>	
<i>JOHN HARBILAS 817 MANDY LANE CAMP HILL, PA 17011</i>		<i>10-10-00</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
<i>JEFFREY HASTE 112 LAUREL GLEN COURT HARRISBURG, PA 17110</i>		<i>10-10-00</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
<i>JERRY MARTIN 1279 S. IRIS ST. LAKEWOOD, CO. 80232</i>		<i>10-10-00</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
<i>COL. LEO T. McMAHON, JR. 363 W. 28th ST. CAMP HILL, PA 17011-2837</i>		<i>10-10-00</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
<i>ROMAYNE SHAY McMAHON 124 S. MARKET ST. MECHANICSBURG, PA 17055-6329</i>		<i>10-10-00</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 13
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOYD L MYERS 37 EAST MAIN STREET MECHANICSBURG, PA 17055	MYERS FUNERAL HOME	10-10-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FUNERAL DIRECTOR	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN "BOB" MITCHELL 1 MILL ROAD CARLISLE, PA 17013		10-10-00	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
DAVE MYERS SECOND & WALNUT ST. NEWPORT, PA 17074		10-10-00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BETTE MYERS SECOND & WALNUT ST. NEWPORT, PA 17074		10-10-00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CALL J. NATALE 2373 FOREST HILLS DRIVE HARRISBURG, PA 17112	UBA	10-10-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. KIM A. PAYNE 127 SOMERSET DRIVE HARRISBURG, PA 17033		10-10-00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WELL POMPIAN 1100 ERIC DRIVE HARRISBURG, PA 17110		10-10-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

GENAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BOLAND 1813 HOLLY DRIVE HARRISBURG, PA 17110-3229		10-10-00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN DARLING 67 DARLING PARKE DR BANGOR, ME 04401		10-10-00	125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 125.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBORAH DARLING 67 DARLING PARKE DR BANGOR, ME 04401		10-10-00	125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 125.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARRY L. DEARIN RD #4 BOX 4174 DUNELAND, PA 17020		10-10-00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD H. DEIBELBIS 1645 RITA LANE LEBANON, PA 17042		10-10-00	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
EARL R. ETZWEILER RD # 1 BOX 314 MILLSBURG, PA 17061	SELF	10-10-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE GIANNARIS 916 WOODLAND DRIVE LEMMYNE PA 17043		10-10-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) **950.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 13
FOR LINE NUMBER 11A

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)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MYRA POMPIAN 1100 ERIC DRIVE HARRISBURG, PA 17110		10-10-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER RAAS 1736 CRISWELL PLACE CAMP HILL, PA 17011		10-10-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BELVICE RAAS 1736 CRISWELL PLACE CAMP HILL, PA 17011		10-10-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK SIMON 4345 FARGREEN ROAD HARRISBURG, PA 17110		10-10-00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTOR P. STABILE 255 OLD STONE HOUSE ROAD CARRISLE, PA 17013		10-10-00	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
LEONARD TINTNER P.O. BOX 741 HARRISBURG, PA 17104		10-10-00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN WEIDNER 508 N. SECOND STREET HARRISBURG, PA 17101		10-10-00	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	

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 13

FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JACK BENKOVICH 449 PAMVEE DRIVE MECHANICSBURG, PA 17055		10-12-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HARRIET BENKOVICH 449 PAMVEE DRIVE MECHANICSBURG, PA 17055		10-12-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONALD E. BOYER 6 DAWN DRIVE MILLSVILLE, PA 17061		10-12-00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JUDY BOYER 6 DAWN DRIVE MILLSVILLE, PA 17061		10-12-00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRUCE F. BRATTON 2024 HADDAM NECK COURT HARRISBURG, PA 17110-3402		10-12-00	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
TERRY L. BUSH 25 SHADMOOR DRIVE MECHANICSBURG, PA 17055-5626		10-12-00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TIMOTHY M. ANSTINE 2906 CHESTERBROOK CT. APT. 611 CAMP HILL, PA 17011		10-12-00	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	

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)

TEXAS FOR TEXAS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>MALINI AGARWAL</u> <u>3934 BROOKRIDGE DR.</u> <u>MECHANICSBURG, PA 17055</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 100.00</u>	
<u>CRAIG SWAGIN</u> <u>924 ACRI ROAD</u> <u>MECHANICSBURG, PA 17055</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 100.00</u>	
<u>NICHOLAS P. KAFKALAS</u> <u>522 FAIRWAY DRIVE</u> <u>CAMP HILL, PA 17011</u>		<u>10-12-00</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 50.00</u>	
<u>NELSON D. LUND</u> <u>867 HILLTOP ROAD</u> <u>LEMOYNE, PA 17043</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 100.00</u>	
<u>STEVE C. NICHOLS</u> <u>512 ALDEN STREET</u> <u>HARRISBURG, PA 17109</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 100.00</u>	
<u>JEANNIE D. PETERSON</u> <u>114 CURVIN DRIVE</u> <u>HARRISBURG, PA 17112-2912</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 100.00</u>	
<u>DAVID A. SLYPSE</u> <u>4123 MOUNTAIN VIEW RD</u> <u>MECHANICSBURG, PA 17055-4126</u>		<u>10-12-00</u>	<u>25.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 25.00</u>	

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 13
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

GERAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>G.L. SUTLIFF</u> <u>P.O. BOX 1307</u> <u>HARRISBURG, PA 17105</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$100.00</u>	
<u>SUSIE SUTLIFF</u> <u>P.O. BOX 1307</u> <u>HARRISBURG, PA 17105</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$100.00</u>	
<u>HARRY TOULOUPIES</u> <u>759 MANOR ROAD</u> <u>CAMP HILL, PA 17011</u>		<u>10-12-00</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$50.00</u>	
<u>PAUL WATERS</u> <u>BOX 541</u> <u>HARRISBURG, PA 17108</u>		<u>10-12-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$100.00</u>	
<u>JOHN A. YOST</u> <u>320 W. CHOCOLATE AVE.</u> <u>HERSHEY, PA 17033</u>		<u>10-12-00</u>	<u>25.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$25.00</u>	
<u>JOHN DAVE, JR</u> <u>736 W. BEACH BLVD</u> <u>PASS CHRISTIAN, MS 39571</u>		<u>10-17-00</u>	<u>25.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$25.00</u>	
<u>THOMAS GAUGHEN</u> <u>P.O. BOX 686</u> <u>CAMP HILL, PA 17001</u>		<u>10-17-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$100.00</u>	

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>MAJORIE KATZMAN</u> <u>3600 LOGAN COURT</u> <u>CAMP HILL, PA 17011</u>		<u>10-17-00</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 50.00</u>	
<u>GORDON MYERS</u> <u>350 N. 31ST ST.</u> <u>CAMP HILL, PA 17011</u>	<u>SELF EMPLOYED</u>	<u>10-17-00</u>	<u>300.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>SURGEON</u>	Aggregate Year-to-Date > <u>\$ 300.00</u>	
<u>F. JAMES RECHIN</u> <u>9646 ROLLIN RD</u> <u>WILLOUGHBY, OH 44094</u>		<u>10-17-00</u>	<u>25.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 25.00</u>	
<u>RUSSELL SHEAFFER</u> <u>531 N. 66th ST.</u> <u>HARRISBURG, PA 17111</u>		<u>10-17-00</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 50.00</u>	
<u>WILLIAM C. SPAULDING</u> <u>P.O. BOX 44</u> <u>KIRKERSVILLE, OH 43053</u>		<u>10-17-00</u>	<u>1.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 1.00</u>	
<u>JAMES H. STOLL</u> <u>1235 S. 20th ST.</u> <u>HARRISBURG, PA 17104</u>		<u>10-17-00</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 100.00</u>	
<u>ROY L. SULLIVAN, II</u> <u>P.O. BOX 470</u> <u>LEANDER, TX 78646</u>		<u>10-17-00</u>	<u>35.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 35.00</u>	

SUBTOTAL of Receipts This Page (optional)

561.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

PERAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARLAN WENGER 1807 FIELDCREST RD LEBANON, PA 17042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-17-00	100.00
Aggregate Year-to-Date > \$100.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIA L. WHITNEY 925 AUGUSTA KNUTE DR. PALM BEACH GARDENS, FL 33418 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-17-00	50.00
Aggregate Year-to-Date > \$50.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. WILLIAM Ruhl 630 HORSESHOE DRIVE LEBANON, PA 17043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-12-00	100.00
Aggregate Year-to-Date > \$100.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY SIMMONS 355 W. CHOCOLATE AVE HERSHEY PA 17033 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
Aggregate Year-to-Date > \$100.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PERRY CARVELLAS 413 N. WASHINGTON ST. ALEXANDRIA VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-3-00	100.00
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
GEORGE D. NAGRODSKY & GARNER LN BAY SHORE NY 11706 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	REQUESTED	10-3-00	500.00
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
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

10 996.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
GERAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens For Mowery P.O. Box 692 Camp Hill PA 17001		10-5-00	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		
FRIENDS OF JEFF PICCOLA 315 N. FRONT ST. HARRISBURG PA 17101		10-5-00	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) **200.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11C

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)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code <i>ALLTEL CORP PAC ONE ALLIED DR LITTLE ROCK AR</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-1-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000.00</i>		

B. Full Name, Mailing Address and ZIP Code <i>GPU POWER PAC 801 PENNSYLVANIA AVE NW WASHINGTON DC 20004</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-1-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000.00</i>		

C. Full Name, Mailing Address and ZIP Code <i>AMERICAN MARITIME OFFICERS VOLUNTARY PAC 650 FORTA AVE BROOKLYN NY 11232</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-3-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000.00</i>		

D. Full Name, Mailing Address and ZIP Code <i>BANK OF AMERICA PAC 100 NORTH TRYON ST CHARLOTTE NC 11232</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-3-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>500.00</i>		

E. Full Name, Mailing Address and ZIP Code <i>BANK ONE CORP PAC 1 BANK ONE PLAZA CHICAGO IL 60670</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-3-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>5000.00</i>		

F. Full Name, Mailing Address and ZIP Code <i>BETHLEHEM STEEL GOOD BUT COMMITTEE 1667 K ST NW #600 WASHINGTON DC 20006</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-4-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000.00</i>		

G. Full Name, Mailing Address and ZIP Code <i>AMERICAN SOCIETY OF TRAVEL AGENTS PAC 1101 KING ST ALEXANDRIA VA 22314</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-10-00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>500.00</i>		

SUBTOTAL of Receipts This Page (optional) *8500.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code
DELOITTE & TOUCHE LLP FED PAC
P.O. Box 365
WASHINGTON DC 20044

Name of Employer
Occupation

Date (month, day, year)
10-10-00

Amount of Each Receipt This Period
500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
FRANCHISING PAC
1350 NEW YORK AVE NW #900
WASHINGTON DC 20005

Name of Employer
Occupation

Date (month, day, year)
10-10-00

Amount of Each Receipt This Period
500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1500.00

C. Full Name, Mailing Address and ZIP Code
GANNETT FLEMING CORDRY & CARPENTER FED PAC
P.O. Box 67100
HARRISBURG PA 17106

Name of Employer
Occupation

Date (month, day, year)
10-10-00

Amount of Each Receipt This Period
100.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 100.00

D. Full Name, Mailing Address and ZIP Code
HOUSE PAC
2700 SANDERS RD
PROSPECT HEIGHTS IL 60070

Name of Employer
Occupation

Date (month, day, year)
10-10-00

Amount of Each Receipt This Period
1000.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1500.00

E. Full Name, Mailing Address and ZIP Code
COOPERATIVE OF AMERICAN PHYSICIANS FED ART COMM.
323 S. HOPE ST 5TH FL
LOS ANGELES CALIF 90010

Name of Employer
Occupation

Date (month, day, year)
10-10-00

Amount of Each Receipt This Period
500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1250.00

F. Full Name, Mailing Address and ZIP Code
SRC COMMUNICATIONS PAC
175 E. HOUSTON RM 4101
SAN ANTONIO TX 78205

Name of Employer
Occupation

Date (month, day, year)
10-10-00

Amount of Each Receipt This Period
1000.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1000.00

G. Full Name, Mailing Address and ZIP Code
REALTORS PAC
420 N. MICHIGAN AVE
CHICAGO IL 60611

Name of Employer
Occupation

Date (month, day, year)
10-12-00

Amount of Each Receipt This Period
500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 4000.00

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

GEKAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TACO PAC 6405 METCALF AVE #503 SHAWNEE MISSOURI KS 66202		10-12-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CENDANT CORP. PAC 6 SYLVAN WAY PARSIPPANY, NJ 07054		10-17-00	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
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INTL COUNCIL OF SHOPPING CENTERS INC PAC 1033 W. FAIRWAY ST. #404 ALEXANDRIA VA 22314		10-17	3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 3000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REPUBLICAN HEROES 2000 PAC P.O. BOX 144 KENILWORTH, IL 60043		10-17-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TITLE INDUSTRIES PAC OF THE AMERICAN LAND TITLE ASSOC 1828 L ST. NW # 705 WASHINGTON DC 20036		10-17-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. 7-ELEVEN EMP. PAC 2711 W. MARSHALL AVE. DALLAS, TX 75204		10-17-00	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
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BREAD POLITICAL ACTION COMMITTEE 1350 I ST. N.W. SUITE 1290 WASHINGTON DC. 20005		10-3-00	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 300.00

SUBTOTAL of Receipts This Page (optional)

6800.00

TOTAL This Period (last page this line number only)

19400.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 15
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Commerce Bank Harrisburg PA 1		10-8-00	112.81
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1012.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

112.81

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W. RAYMOND BLICKS 4800 Longstown RD HARRISBURG PA 17112	Acct Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-00	405.00
B. Full Name, Mailing Address and ZIP Code CAPTIVE COMM. P.O. Box 7464 LANCASTER PA 17604	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-00	1920.85
C. Full Name, Mailing Address and ZIP Code VANGIE CHARAS GEXAS 732 S. 25th St. HARRISBURG PA 17111	REIMB FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-00	198.18
D. Full Name, Mailing Address and ZIP Code Kosta's 451 W. 2nd St. Camp Hill PA 17011	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	1000.00
E. Full Name, Mailing Address and ZIP Code Kosta's 451 W. 2nd St Camp Hill PA 17011	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-00	3775.90
F. Full Name, Mailing Address and ZIP Code Nood Light & Geise INC 509 N. Second St HARRISBURG PA 17101	FUND / Adv Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	16856.10
G. Full Name, Mailing Address and ZIP Code Capital Hill Club 300 First St. SE WASHINGTON DC 20003	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	780.65
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)

24,938.18

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20

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NAME OF COMMITTEE (in Full)

TEXAS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>HALL W. THOMPSON 103 CARNOUSTIE SHOAL CREEK AL 35242</i>	Purpose of Disbursement: <i>REFUND</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10-5-00</i>	<i>1000.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

1000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-25-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SLI</i> PREPARER	<i>10-25-00</i> DATE PREPARED