

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -7 P 12:14

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|---|
| 1. NAME OF COMMITTEE (In full) AHP Good Government Fund | | 2. FEC IDENTIFICATION NUMBER C00115303 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Five Giralda Farms | 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) | |
| CITY, STATE and ZIP CODE Madison, NJ 07940-0874 | | |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------|-------------------------|-----------------------------------|
| 5. Covering Period | 10/01/00 through 11/27/00 | | |
| 6. (a) Cash on Hand January 1, 2000 | | | \$ 2,735.17 |
| (b) Cash on Hand at Beginning of Reporting Period | | \$ 2,751.79 | |
| (c) Total Receipts (from Line 19) | | \$ 90,194.63 | \$ 90,211.25 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | \$ 92,946.42 | \$ 92,946.42 |
| 7. Total Disbursements (from Line 30) | | \$ 46,550.00 | \$ 46,550.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | | \$ 46,396.42 | \$ 46,396.42 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ 0.00 | |

For further information contact:
Federal Election Commission
900 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|-------------------|
| Type or Print Name of Treasurer John R. Considine | Date 12/5/2000 |
| Signature of Treasurer <i>Camille Leggett for J.R. Considine</i> | |

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 3X
(revised 9/98)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
 PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|--------------------------|----------------------|------------|
| | FROM | TO | |
| AHP Good Government Fund | 10/01/90 | 11/27/90 | |
| | COLUMN A | COLUMN B | |
| | Total This Period | Calendar Year | |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 78,040.00 | 78,040.00 | 11(a)(i) |
| ii. Unitemized | 12,075.83 | 12,075.83 | 11(a)(ii) |
| iii. Total (add i and ii) > | 90,115.83 | 90,115.83 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(c) |
| d. Total Contributions (add a ii, b and c) > | 90,115.83 | 90,115.83 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 78.80 | 95.42 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 90,184.63 | 90,211.25 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 90,194.63 | 90,211.25 | 20 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 0.00 | 0.00 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 0.00 | 0.00 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 23,500.00 | 23,500.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | 0.00 | 0.00 | 28(d) |
| 29. Other Disbursements | 23,050.00 | 23,050.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 46,550.00 | 46,550.00 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 46,550.00 | 46,550.00 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 90,115.83 | 90,115.83 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 90,115.83 | 90,115.83 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 0.00 | 0.00 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 0.00 | 0.00 | 37 |

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)
AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------------------|------------------------------------|------------------------------------|
| TIMOTHY MCFADDEN 44 MOUNTAIN VIEW RD WARREN, NJ 07059 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: SR VP MKT&TECH OP(WI) | Aggregate Year-to-Date \$ 250.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| RALPH BOARDMAN 592 DOWLIN FORGE RD DOWNTOWN, PA 19335 | WYETH LABORATORIES DIV | 10/11/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP SUPPLY CHAIN MGMT | 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 |
| ROBERT WIGMORE 2 ELMWOOD ROAD WARREN, NJ 07059 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP CUSTOMER DEVELOPM | 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 |
| JOHN BALDUCCI 8 WALDON ROAD CALIFON, NJ 07830 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: AVP MEDICAL SALES | 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 |
| JOEL BRANDT 20 OTTAWA ROAD NORTH MORGANVILLE, NJ 07751 | AHPC CORPORATE | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: ASST GEN CONSL | 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 |
| ROBERT COSTELLA 1435 WASHINGTON LANE WEST CHESTER, PA 19382 | WYETH LABORATORIES DIV | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP PHARMA MFG | 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 |
| LAWRENCE WOO C/O WYETH PO BOX 8816 PHILADELPHIA, PA 19101 | WYETH LABORATORIES DIV | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: PRES/MNG DIR PRG/HK | Aggregate Year-to-Date \$ 1,000.00 | |

SUBTOTAL of Receipts This Page (optional) 4,250.00

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 **15**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--------------------------------------|---|------------------------------------|
| CHARLES GREENBERG 1380 YORK AVENUE APT #7N NEW YORK, NY 10021 | AHPC CORPORATE | 10/11/00 | 350.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP MEDIA BUYING | Aggregate Year-to-Date \$ 350.00 | |
| RICHARD FELDHEIM 118 CEDAR LAKE WEST DENVER, NJ 07834 | AHPC CORPORATE | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PRESIDENT | Aggregate Year-to-Date \$ 1,000.00 | |
| RICHARD WALSH 12 SOUTH GABLES DR CHESTER, NJ 07930 | AHPC CORPORATE | 10/11/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation AVP TXS | Aggregate Year-to-Date \$ 750.00 | |
| JAMES POHLMAN 480 CHERRY LANE MENDHAM, NJ 07945 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation EXECUTIVE VP | Aggregate Year-to-Date \$ 2,500.00 | |
| STEPHEN VICTOR 1420 WHITWOOD DRIVE BLUE BELL, PA 19422 | WYETH LABORATORIES DIV | 10/11/00 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR DIR CLIN RES | Aggregate Year-to-Date \$ 300.00 | |
| THOMAS CAVANAGH 52 INDIAN WATERS DR NEW CANAAN, CT 06840 | AHPC CORPORATE | 10/11/00 | 1,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP INVSTR RELS | Aggregate Year-to-Date \$ 1,500.00 | |
| ANDREW DAVIDSON 4 BRADL LANE NANUET, NY 10954 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP FINANCE | Aggregate Year-to-Date \$ 750.00 | |

SUBTOTAL of Receipts This Page (optional)

7,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **3** OF **15**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (In Full)
AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|--|--------------------------------------|------------------------------------|
| EDWARD WALLACE 2540 IRVINGTON RD DREXEL HILL, PA 19026 | WYETH LABORATORIES DIV | 10/11/00 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PROD DIR | Aggregate Year-to-Date > \$ 300.00 | |
| CLAIRE BALL 211 ALEXANDRIA WAY BASKING RIDGE, NJ 07920 | AHPC CORPORATE | 10/11/00 | 450.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation DIR INVSTR REL-EQUITY | Aggregate Year-to-Date > \$ 450.00 | |
| HANS MUELLER 1802 CHESTNUT HOLLOW WEST CHESTER, PA 19382 | WYETH LABORATORIES DIV | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP BUS DEV & LIC | Aggregate Year-to-Date > \$ 500.00 | |
| GERALD FORTE 3 JASON DRIVE NORTH BRUNSWI, NJ 08902 | WYETH LABORATORIES DIV | 10/11/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation DIR PKG PURCH | Aggregate Year-to-Date > \$ 400.00 | |
| PAUL JONES 104 RAVINE LAKE RD BERNARDSVILLE, NJ 07924 | AHPC CORPORATE | 10/11/00 | 3,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP & COMPTLR | Aggregate Year-to-Date > \$ 3,500.00 | |
| JOHN O'CONNOR ONE QUEENS COURT MORRISTOWN, NJ 07960 | AHPC CORPORATE | 10/11/00 | 1,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP & TRES | Aggregate Year-to-Date > \$ 1,500.00 | |
| JOHN SCHMITT 1833 WOODFIELD ROAD MARTINSVILLE, NJ 08836 | AHPC CORPORATE | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation AVP CORP DEV | Aggregate Year-to-Date > \$ 1,000.00 | |

SUBTOTAL of Receipts This Page (optional)

7,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 15
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|------------------------------------|--------------------------------------|------------------------------------|
| IRA WEINRYB PO BOX 131 413 GWYNEDD VALLEY D GWYNEDD VALLE, PA 19437 | WYETH LABORATORIES DIV | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR DIR CLIN SCI | Aggregate Year-to-Date > \$ 500.00 | |
| ROBERT SANDERS JR R.O. 3 BOX 5037 LAFAYETTE, NJ 07848 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR VP SALES | Aggregate Year-to-Date > \$ 500.00 | |
| STANLEY LANSKEY C/O AHPC FIVE GIRALDA FARMS MADISON, NJ 07940 | AHPC CORPORATE | 10/11/00 | 800.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation AVP EMPL BEN | Aggregate Year-to-Date > \$ 800.00 | |
| ULF WINBERG C/O WYETH PO BOX 8616 PHILADELPHIA, PA 19101 | WYETH LABORATORIES DIV | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MNG DIR-JWB UK | Aggregate Year-to-Date > \$ 1,000.00 | |
| WILLIAM ALBERT 67 FOXCROFT DRIVE DOYLESTOWN,, PA 18901 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP FIN | Aggregate Year-to-Date > \$ 1,000.00 | |
| CYNTHIA CHEESMAN 6 STRAWBERRY LANE UPPER SADDLE, NJ 07458 | WYETH LABORATORIES DIV | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR DIR PROJ MGMT | Aggregate Year-to-Date > \$ 500.00 | |
| FRANK CIRONE 350 COUNTRY LANE PHOENIXVILLE, PA 19460 | WYETH LABORATORIES DIV | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP N AMER/GLB FIN RP | Aggregate Year-to-Date > \$ 1,000.00 | |

SUBTOTAL of Receipts This Page (optional)

5,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 15
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

AMP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------------------------|--------------------------------------|------------------------------------|
| JOSEPH CAMARDO 701 S BOWMAN AVENUE MERION STAT, PA 19068 | WYETH LABORATORIES DIV | 10/11/00 | 1,200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP CLIN R&D | Aggregate Year-to-Date > \$ 1,200.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| BRIAN WERTZ 3 ALLISON DRIVE COATESVILLE, PA 19320 | WYETH LABORATORIES DIV | 10/11/00 | 450.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation DIR FINL RPTG INTERC | Aggregate Year-to-Date > \$ 450.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| DONALD LYNCH 9 BARLEYCORN DR BROOMALL, PA 19008 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 800.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP PROD DEV | 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 |
| ANDREW DAVIS 8 CEDAR CREEK DRIVE BASKING RIDGE, NJ 07920 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR VP BUSINESS UNIT | 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 |
| BRUCE MACPHAIL 19 PAINTERS LANE WAYNE, PA 19087 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 1,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PRES | Aggregate Year-to-Date > \$ 1,500.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| HAROLD MARDER 35 FOXFIELD COURT AMBLER, PA 19002 | WYETH LABORATORIES DIV | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP MED DIR | 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 PLOVER 762 HAZELWOOD DRIVE NORTH WALES, PA 19454 | WYETH LABORATORIES DIV | 10/11/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR DIR GMP COMPLI | Aggregate Year-to-Date > \$ 750.00 | |

SUBTOTAL of Receipts This Page (optional) 6,700.00

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 **15**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In Full)
AMP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|-------------------------|------------------------------------|
| JOHN BUCCERI 714 WYNDALE ROAD JENKINTOWN, PA 19046 | WYETH LABORATORIES DIV | 10/11/00 | 2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: SVP GLOBL SPLY CHAIN Aggregate Year-to-Date > \$ 2,500.00 | | |
| RICHARD DE LUCA 1750 PARTRIDGE ROAD YARDLEY, PA 19067 | WYETH LABORATORIES DIV | 10/11/00 | 840.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP FIN Aggregate Year-to-Date > \$ 840.00 | | |
| STEVEN TROY 261 OLD STATE ROAD BERWYN, PA 19312 | WYETH LABORATORIES DIV | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: DIR CLIN PHARMKIN Aggregate Year-to-Date > \$ 500.00 | | |
| ROBERT SCHAUB 118 JEREMY HILL ROAD PELHAM, NH 03078 | GENETICS INSTITUTE | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: AVP Aggregate Year-to-Date > \$ 1,000.00 | | |
| DAVID STRUNCE 7817 WELTON DR MADISON, WI 53719 | SCIENTIFIC PROTEIN LABS, INC. | 10/11/00 | 1,100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: PRESIDENT SPECIALTY Aggregate Year-to-Date > \$ 1,100.00 | | |
| C. RICHARD TRUJEX 8 STAFFORD PLACE YARDLEY, PA 19067 | WYETH LABORATORIES DIV | 10/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: SR DIR PRONG/BUS ANA Aggregate Year-to-Date > \$ 250.00 | | |
| TIMOTHY FIDLER 18 SQUIRE HILL RD LONG VALLEY, NJ 07853 | AHPC CORPORATE | 10/11/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: EXEC DIR MGMT E & T Aggregate Year-to-Date > \$ 750.00 | | |

SUBTOTAL of Receipts This Page (optional) **6,840.00**

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 7 OF 15
FOR LINE NUMBER 11a1

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)
AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|------------------------------------|--------------------------------------|------------------------------------|
| ROGER PORTER 461 TIMBER LANE DEVON, PA 19333 | WYETH LABORATORIES DIV | 10/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP CLIN RES | 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 |
| BRUCE SCHNEIDER 112 SHANDON PLACE MALVERN, PA 19355 | WYETH LABORATORIES DIV | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP WYETH-AYERST RES | 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 |
| GERALD BURR 710 LOMBARD STREET PHILADELPHIA, PA 19147 | WYETH LABORATORIES DIV | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation AVP INT'L COMM | 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 |
| DAVID HOYENSTINE 15 DIANE COURT RANDOLPH, NJ 07869 | WHITEHALL-ROBINS HEALTHCARE | 10/11/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP SALES | Aggregate Year-to-Date > \$ 400.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| LOUIS HOYNES JR 47 CORNWELLS BEACH R SANDS POINT, NY 11050 | AHPC CORPORATE | 10/11/00 | 3,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation EVP & GEN CNSL | Aggregate Year-to-Date > \$ 3,000.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| ILONNA RIMM 52 SHARPE RD NEWTON CENTRE, MA 02459 | GENETICS INSTITUTE | 10/11/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation DIR CLIN RES | Aggregate Year-to-Date > \$ 750.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| TIMOTHY SLATER 94 STONE HEDGE DRIVE BASKING RIDGE, NJ 07920 | AHPC CORPORATE | 10/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASSC GEN CNSL | Aggregate Year-to-Date > \$ 500.00 | |

SUBTOTAL of Receipts This Page (optional)

6,650.00

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 **15**
FOR LINE NUMBER **11 a i**

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

NAME OF COMMITTEE (in Full)
ANP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code BETTY RIGGS 34 DEVONWOOD ROAD WAYNE, PA 19087 | Name of Employer WYETH LABORATORIES DIV Occupation AVP CLIN R&D | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 1,000.00 |
|---|---|---|---|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 1,000.00 | |
| B. Full Name, Mailing Address and ZIP Code WILLIAM ACREE 15623 SOUTH ACUFF LANE OLATHE, KS 66082 | Name of Employer FORT DODGE LABORATORIES DIV Occupation EXEC VP BIO OPER | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 750.00 | |
| C. Full Name, Mailing Address and ZIP Code E. THOMAS CORCORAN 17080 HIGHLAND RIDGE DRIVE BELTON, MO 64012 | Name of Employer FORT DODGE LABORATORIES DIV Occupation PRESIDENT | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 2,500.00 | |
| D. Full Name, Mailing Address and ZIP Code JOAN KORTH-BRADLEY 703 MEADOWCREEK CIRL LOWER GWYNEDD, PA 19002 | Name of Employer WYETH LABORATORIES DIV Occupation DIR CLIN PHARMKIN | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 550.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 550.00 | |
| E. Full Name, Mailing Address and ZIP Code PAUL BROWN 12752 SOUTH CONSTANCE STREET OLATHE, KS 66082 | Name of Employer FORT DODGE LABORATORIES DIV Occupation SR VP BUSINESS DEVEL | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 750.00 | |
| F. Full Name, Mailing Address and ZIP Code RAYMOND MANN 8 HIGHLAND AVE MADISON, NJ 07940 | Name of Employer AHPC CORPORATE Occupation AVP INTL TXS | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 750.00 | |
| G. Full Name, Mailing Address and ZIP Code MARILY RHUDY 45 WOODMERE DRIVE SUMMIT, NJ 07901 | Name of Employer AHPC CORPORATE Occupation VP GLOBL PUBLIC AFFR | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 2,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date > \$ 2,000.00 | |

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 8,300.00 |
| 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 **15**
FOR LINE NUMBER **11 a 1**

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)
AHP Good Government Fund

| | | | |
|---|---|---|--|
| A. Full Name, Mailing Address and ZIP Code CHIA-LUNG HSIEH 214-H HIGH RIDGE SANFORD, NC 27330 | Name of Employer WYETH LABORATORIES DIV | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP VACC DEV | | |
| Aggregate Year-to-Date > \$ 500.00 | | | |
| B. Full Name, Mailing Address and ZIP Code JOSE MORALES PO BOX 861 FAJARDO, PR 00738 | Name of Employer WYETH LABORATORIES DIV | Date (month, day, year) 10/11/00 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOSP REP II | | |
| Aggregate Year-to-Date > \$ 250.00 | | | |
| C. Full Name, Mailing Address and ZIP Code MICHAEL SINAPI 224 HARVEST LANE BROOMALL, PA 19008 | Name of Employer WYETH LABORATORIES DIV | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP MKTG SLS OPS | | |
| Aggregate Year-to-Date > \$ 300.00 | | | |
| D. Full Name, Mailing Address and ZIP Code CHARLES THORNE 121 COTTONWOOD DRIVE MARLTON, NJ 08053 | Name of Employer WYETH LABORATORIES DIV | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation DIR QA | | |
| Aggregate Year-to-Date > \$ 250.00 | | | |
| E. Full Name, Mailing Address and ZIP Code MARIE SANDA BOX 7315 ST DAVIDS, PA 19087 | Name of Employer WYETH LABORATORIES DIV | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP GLIN RES | | |
| Aggregate Year-to-Date > \$ 500.00 | | | |
| F. Full Name, Mailing Address and ZIP Code WILLIAM LEVINGOOD 9 STONELEIGH TERRACE RIVERDALE, NJ 07457 | Name of Employer AHPC CORPORATE | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 350.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP DIR COMPUTER OPER | | |
| Aggregate Year-to-Date > \$ 350.00 | | | |
| G. Full Name, Mailing Address and ZIP Code DENNIS O'DONNELL 56 STONE HEDGE DRIVE BASKING RIDGE, NJ 07920 | Name of Employer WHITEHALL-ROBINS HEALTHCARE | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation EXEC VP & GENERAL MA | | |
| Aggregate Year-to-Date > \$ 500.00 | | | |

SUBTOTAL of Receipts This Page (optional)

2,650.00

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 10 OF 15
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|------------------------------------|--------------------------------------|------------------------------------|
| MARILENA WHITE 11 DEXTER DR NORTH BASKING RIDGE, NJ 07920 | AHPC CORPORATE | 10/17/00 | 650.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST TRES DOM | Aggregate Year-to-Date > \$ 650.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| THOMAS NEE 811 STARVIEW WAY BRIDGEWATER, NJ 08807 | AHPC CORPORATE | 10/17/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP TXS | 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 |
| DOUGLAS ROGERS 18 URSULA COURT MENDHAM, NJ 07845 | WHITEHALL-ROBINS HEALTHCARE | 10/17/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation EXECUTIVE VP MARKET | Aggregate Year-to-Date > \$ 750.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| BART CIANCIOTTA 452 ESSEX AVENUE BLOOMFIELD, NJ 07003 | AHPC CORPORATE | 10/17/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST TRES INTL & RSK | Aggregate Year-to-Date > \$ 750.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ISIDORE RICCIUTI 212 MILL POND DR EXTON, PA 19341 | WYETH LABORATORIES DIV | 10/17/00 | 350.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASC DIR INFO PROCESS | Aggregate Year-to-Date > \$ 350.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| P. ANTHONY CROWE 238 N ITHAN AVENUE VILLANOVA, PA 19085 | WYETH LABORATORIES DIV | 10/17/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP OPS ADMIN | 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 |
| NATALIE NORTEMAN 159 CENTER STREET CHATHAM, NJ 07928 | WHITEHALL-ROBINS HEALTHCARE | 10/17/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP INFORM SRVCS | Aggregate Year-to-Date > \$ 500.00 | |

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **11** OF **15**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (In Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|------------------------------------|------------------------------------|
| MARK SOBRAY 14 BANYAN ROAD SKILLMAN, NJ 08558 | WHITEHALL-ROBINS HEALTHCARE | 10/17/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP MED SALES & MARKE | Aggregate Year-to-Date > \$ 250.00 | |
| DIANE KURZ 132 WEST LINCOLN AVE ROSELLE PARK, NJ 07204 | AHPC CORPORATE | 10/17/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP MEDIA BUYING | Aggregate Year-to-Date > \$ 400.00 | |
| ELLIOT FEINBERG 54 UNION HILL ROAD MADISON, NJ 07940 | AHPC CORPORATE | 10/30/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST GEN CONSL ANTIT | Aggregate Year-to-Date > \$ 250.00 | |
| ROBERT LANDRY JR 1803 BLACK ROCK LANE PAOLI, PA 19301 | WYETH LABORATORIES DIV | 10/30/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP INV MGMT FIN | Aggregate Year-to-Date > \$ 400.00 | |
| WILLIAM HASKEL 70 BERNARD DRIVE BASKING RIDGE, NJ 07920 | AHPC CORPORATE | 10/30/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST GEN CONSL | Aggregate Year-to-Date > \$ 500.00 | |
| NINA VASILYEV 74 LIBERTY PLACE PALISADES PAR, NJ 07650 | WYETH LABORATORIES DIV | 10/30/00 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR TEAM LDR | Aggregate Year-to-Date > \$ 300.00 | |
| MICHAEL KRIEG 1044 CAROLYN DR WEST CHESTER, PA 19382 | WYETH LABORATORIES DIV | 10/30/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP REGUL AFFS INTCNL | Aggregate Year-to-Date > \$ 400.00 | |

SUBTOTAL of Receipts This Page (optional)

2,600.00

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

PAGE 12 OF 15
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------------------------|--------------------------------------|------------------------------------|
| MITCHELL CRAIGMILE 1010 RIVER FOREST COURT FORT DODGE, IA 50501 | FORT DODGE LABORATORIES DIV | 10/30/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR DIR GL BIO FINISH | Aggregate Year-to-Date > \$ 400.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| HARRY HAMILL 2514 KILMER ROAD TOBYHANNA, PA 18466 | AHPC CORPORATE | 11/16/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation DPTY COMPTLR | 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 |
| JOHN INGLEDON 24 WILKINSON ROAD RANDOLPH, NJ 07869 | WHITEHALL-ROBINS HEALTHCARE | 11/16/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR VP BUSINESS UNIT | 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 |
| THOMAS CAVANAGH 52 INDIAN WATERS DR NEW CANAAN, CT 06840 | AHPC CORPORATE | 11/16/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP INVSTR RELS | Aggregate Year-to-Date > \$ 2,500.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ROBERT POWER 24 FOXRIDGE DR MALVERN, PA 19355 | WYETH LABORATORIES DIV | 11/16/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PRES EURP/MOLE/AFRCA | 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 |
| LARRY SMALL 11211 BUCKHEAD TERR. MIDLOTHIAN, VA 23113 | WHITEHALL-ROBINS HEALTHCARE | 11/16/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP RES & DEVELOPMENT | Aggregate Year-to-Date > \$ 750.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ROBERT BEDDES 2120 ASHLEY ROAD NEWTOWN, PA 18940 | WYETH LABORATORIES DIV | 11/18/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation AVP FIN RPTG | Aggregate Year-to-Date > \$ 400.00 | |

SUBTOTAL of Receipts This Page (optional) 4,300.00

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 13 OF 15
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-----------------------------------|--------------------------------------|------------------------------------|
| HENRY CENICOLA 29 STEINBACH PLACE WESTWOOD, NJ 07875 | WHITEHALL-ROBINS HEALTHCARE | 11/16/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP OPERATIONS | Aggregate Year-to-Date > \$ 500.00 | |
| B. Full Name, Mailing Address and ZIP Code MICHAEL PESKOE APT #6B 20 EAST 9TH STREET NEW YORK, NY 10003 | AHPC CORPORATE | 11/16/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST GEN CONSL REG | Aggregate Year-to-Date > \$ 400.00 | |
| C. Full Name, Mailing Address and ZIP Code BRIAN SPARG 2155 FOX CREEK RD BERWYN, PA 19312 | WYETH LABORATORIES DIV | 11/16/00 | 750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation GVP NUTR | Aggregate Year-to-Date > \$ 750.00 | |
| D. Full Name, Mailing Address and ZIP Code LANCE KANN 253 HUGHES RD KG OF PRUSSIA, PA 19406 | WYETH LABORATORIES DIV | 11/16/00 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP STRAT NTWK/PLNG | Aggregate Year-to-Date > \$ 300.00 | |
| E. Full Name, Mailing Address and ZIP Code GEORGE FREELAND CIO WYETH PO BOX 8816 PHILADELPHIA, PA 19101-8816 | WYETH LABORATORIES DIV | 11/16/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP CLIN RES | Aggregate Year-to-Date > \$ 1,000.00 | |
| F. Full Name, Mailing Address and ZIP Code WILLIAM HILL 821 MALIN ROAD NEWTOWN SQUAR, PA 19073 | WYETH LABORATORIES DIV | 11/16/00 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASC DIR BUS PLNG | Aggregate Year-to-Date > \$ 300.00 | |
| G. Full Name, Mailing Address and ZIP Code VALERIE CARUSO 18 MASAR ROAD BOONTON, NJ 07005 | WHITEHALL-ROBINS HEALTHCARE | 11/16/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SR VP BUSINESS UNIT | Aggregate Year-to-Date > \$ 1,000.00 | |

SUBTOTAL of Receipts This Page (optional)

4,250.00

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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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|------------------------------------|--------------------------------------|------------------------------------|
| KENDRA EAGER 37 NATHAN COURT NEWTOWN, PA 18940 | FORT DODGE LABORATORIES DIV | 11/16/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: DIR OPER/RESRCH PLAN | 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 |
| ALBERT KELLENBENZ 1525 FOXBURY ROAD MAPLE GLEN, PA 19002 | WYETH LABORATORIES DIV | 11/16/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP R&D CLIENT SUPP | Aggregate Year-to-Date > \$ 400.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| BERNARD POUSSOT 675 CHURCH ROAD VILLANOVA, PA 19085 | WYETH LABORATORIES DIV | 11/16/00 | 2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: PRES | Aggregate Year-to-Date > \$ 2,500.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| RONALD ALICE 35 ABBOTT ROAD TOWACO, NJ 07082 | WYETH LABORATORIES DIV | 11/16/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP CNSL-WA | 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 |
| JAMES PARSONS 1206 HOLLY LANE GLEN MILLS, PA 19342 | WYETH LABORATORIES DIV | 11/16/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP CENT BUS U | 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 |
| THOMAS PECHURA P. O. BOX C COLES POINT, VA 22442 | WHITEHALL-ROBINS HEALTHCARE | 11/16/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: DIR CUST SUPP TECHN | Aggregate Year-to-Date > \$ 250.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ALLAN JARVIS JR 435 N WHITFORD ROAD EXTON, PA 19341 | WYETH LABORATORIES DIV | Payroll | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VP BUS DEV | Deduction | (\$0.00) |
| | Aggregate Year-to-Date > \$ 400.00 | | Semimonthly |

SUBTOTAL of Receipts This Page (optional)

5,050.00

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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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|-------------------------|------------------------------------|
| SOL MOTOLA 68 WINCREST DR PHOENIXVILLE, PA 19460 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | WYETH LABORATORIES DIV | Payroll Deduction | 300.00 (\$0.00 Semimonthly) |
| | Occupation AVP QA TECH AFFAIRS | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| JUSTIN VICTORIA 120 SHANDON PLACE MALVERN, PA 19355 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | WYETH LABORATORIES DIV | Payroll Deduction | 300.00 (\$0.00 Semimonthly) |
| | Occupation VP WW REG AF NA LIAI | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| PETER WILLIS 90 BRANDYWYNE DR FLORHAM PARK, NJ 07932 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | WHITEHALL-ROBINS HEALTHCARE | Payroll Deduction | 350.00 (\$0.00 Biweekly) |
| | Occupation ASST PRODUCT MANAGER | | |
| | Aggregate Year-to-Date > \$ 350.00 | | |
| ROBERT ESSNER 2 VAN BEUREN ROAD MORRISTOWN, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | AHPC CORPORATE | Payroll Deduction | 400.00 (\$0.00 Semimonthly) |
| | Occupation PRES & COO | | |
| | Aggregate Year-to-Date > \$ 400.00 | | |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional)

1,350.00

TOTAL This Period (last page this line number only)

78,040.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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 committees.

NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| TRENT LOTT FOR MISSISSIPPI P.O. BOX 22824 JACKSON, MS 39225 | Trent Lott, U.S. SENATE MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Dewine For US Senate Po Box 340188 Columbus, OH 43234 | Mike DeWine, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| The Capitol Committee 8115 Westholme Way Vienna, VA 22182 | Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 2,000.00 |
| Sanborum 2000 P.O. Box 10495 Pittsburgh, PA 15234 | Rick Santorum, U.S. HOUSE 18th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 2,000.00 |
| Roth Senate Committee P.O. Box 105 Wilmington, DE 19888 | William V. Roth, U.S. SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Abraham For Senate (1984) 26660 Telegraph Road Suite 410 Southfield, MI 48034 | Spencer Abraham, U.S. SENATE MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Bill McCollum for Congress 1212 North Vernon Street Arlington, VA 22201 | Bill McCollum, U.S. HOUSE 8th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| John Ensign for Congress 4012 Rainbow Boulevard Suite K-811 Las Vegas, NV 89103 | John Ensign, U.S. HOUSE 1st NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Curt Weldon Campaign P.O. BOX 1892 MEDIA, PA 19063 | Curt Weldon, U.S. HOUSE 7th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015 | Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Friends Of Connie Morella For Congress Comm. 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814 | Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 2,500.00 |
| Hobson For Congress Committee 2525 N Limestone Springfield, OH 45503 | David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Frelinghuysen for Congress P.O. Box 826 Morristown, NJ 07960 | Rodney Frelinghuysen, U.S. HOUSE 11th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Insee For Congress Po Box 33027 Seattle, WA 98133 | Jay Insee, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Charles Rangel Victory Fund 920 Broadway Suite 702 New York, NY 10010 | Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Dooley for Congress Attn: Jim Wise, 1516 Wilson Blvd Ste. 902 Arlington, VA 22209 | Calvin Dooley, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Committee to Elect John McHugh P.O. Box 70052 Washington, DC 20024 | John M. McHugh, U.S. HOUSE 24th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Bob Etheridge For Congress Comm. Post Office Box 28001 Raleigh, NC 27811 | Bob Etheridge, U.S. HOUSE 2nd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

8,000.00

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

| | |
|-----------------|----|
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NAME OF COMMITTEE (In Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Latham for Congress Committee 519 North 19th Street Denton, IA 51442 | Tom Latham, U.S. HOUSE 5th IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Jim Nussle for Congress P.O. Box 324 Manchester, IA 52057 | Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Joe Skeen For Congress Inc P O Box 2448 Roswell, NM 88201 | Joe Skeen, U.S. HOUSE 2nd NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 1,000.00 |
| Committee To Re Elect Ed Towns 438 Lewis Ave Brooklyn, NY 11233 | Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| People for English 915 State Street Suite 117 Erie, PA 16501 | Phil English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Friends of Jim Saxton Box 705 Mt. Holly, NJ 08060 | Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Friends of Joe Pitts P.O. Box 775 Unionville, PA 19375 | Joe Pitts, PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Dick Zimmer for US Senate 507 Capital Court NE, #100 Washington, DC 20002 | Dick Zimmer, U.S. HOUSE 12th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/01/00 | 500.00 |
| Abraham For Senate (1994) 26600 Telegraph Road Suite 410 Southfield, MI 48034 | Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | -1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| John Ensign for Congress 4012 Rainbow Boulevard Suite K-611 Las Vegas, NV 89103 | Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | -1,000.00 |
| Bill McCollum for Congress 1212 North Vernon Street Arlington, VA 22201 | Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | -1,000.00 |
| Pete Sessions For Congress 2000 PO Box 38585 Dallas, TX 75238 | Pete Sessions, U.S. HOUSE 5th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | 500.00 |
| Abraham Senate 2000 26555 Evergreen Road Suite 1220 Southfield, MI 48076 | Spencer Abraham, U.S. SENATE MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | 1,000.00 |
| Ensign For Senate 9904 Glenrock Drive Las Vegas, NV 89134 | John Ensign, NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | 1,000.00 |
| Bill McCollum For Us Senate Post Office Box 532015 Orlando, FL 32853 | Bill McCollum, FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/02/00 | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

23,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Friends of Al Lindley 2529 SW 55th Street Oklahoma City, OK 73119 | Lindley, OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| B. Full Name, Mailing Address and ZIP Code U.S. HOUSE PO Box 3812 Temple, TX 76505 | White Dellal, STATE HOUSE REP. TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| C. Full Name, Mailing Address and ZIP Code Mike Moncrief Campaign P.O. Box 17588 Fort Worth, TX 76102 | Mike Moncrief, TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Ben Brown for Senate 2313 South Harvey Oklahoma City, OK 73106 | Ben Brown, STATE SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Representative Fred S. Morgan PO box 1121 Oklahoma City, OK 73104 | Fred Morgan, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| F. Full Name, Mailing Address and ZIP Code State Representative Mike Strain 19507 Highway 36 Covington, LA 70433 | Mike Strain, STATE HOUSE REP. LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| G. Full Name, Mailing Address and ZIP Code Vince Callahan For Delegate PO Box 7171 McLean, VA 22106 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| H. Full Name, Mailing Address and ZIP Code Friends of Phillip Hamilton P.O. Box 1585 Newport News, VA 23601 | Phil Hamilton, VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| I. Full Name, Mailing Address and ZIP Code Friends of Steve Martin P.O. Box 38147 Richmond, VA 23235-0147 | Steve Martin, STATE SENATE VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |

SUBTOTAL of Disbursements This Page (optional)

2,750.00

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

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NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Ruff for Virginia Senate 503 North Main Street Chase City, VA 23924 | Frank Ruff, STATE SENATE VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| B. Full Name, Mailing Address and ZIP Code Joint Republican Caucus 700 E Main St, Suite 1508 Richmond, VA 23219 | VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| C. Full Name, Mailing Address and ZIP Code CITIZENS FOR JOHNSON 100 S THIRD STREET COLUMBUS, OH 43215 | BRUCE JOHNSON, STATE HOUSE REP. OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| D. Full Name, Mailing Address and ZIP Code CITIZENS FOR HOUSEHOLDER 138 E HIGH STREET GLENFORD, OH 43738 | LARRY HOUSEHOLDER, OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/03/00 | 250.00 |
| E. Full Name, Mailing Address and ZIP Code Connie Stokes Re-Election Committee PO Box 360350 Decatur, GA 30036-0360 | Connie Stokes, STATE SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 400.00 |
| F. Full Name, Mailing Address and ZIP Code Channell Re-Election Campaign PO Box 839 Greensboro, GA 30642 | Mickey Channell, STATE HOUSE REP. 111th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 400.00 |
| G. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Ben Harbin PO Box 211959 Augusta, GA 30917-1959 | Ben Lewis Harbin, STATE HOUSE REP. 113th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| H. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Buddy Childers 28 Surrey Trail Rome, GA 30161 | Buddy Childers, STATE HOUSE REP. 13th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 400.00 |
| I. Full Name, Mailing Address and ZIP Code Nan Grogan Orrock Re-Election Committee 1070 Delaware Ave, SE Atlanta, GA 30316 | Nan Orrock, GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |

SUBTOTAL of Disbursements This Page (optional)

2,700.00

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

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FOR LINE NUMBER **29**

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NAME OF COMMITTEE (in Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Mitchell for Maine Senate Committee P.O. Box 6 Etna, ME 04434 | Betty-Lou Mitchell, ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| B. Full Name, Mailing Address and ZIP Code NH Senate Democratic Caucus 43 Centre Street Concord, NH 03301 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code Th Fund for New hampshire's Future (Republican) PO Box 337 Contoocook, NH 03229-0337 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Friends of Rutland County Republican Legislators 53 Town Line Road Mendon, VT 05701 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| E. Full Name, Mailing Address and ZIP Code Pasquale For State Senate -- 2000 Committee | Purpose of Disbursement John Pasquale, STATE SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 600.00 |
| F. Full Name, Mailing Address and ZIP Code Friends of Senator Jubeltzer P.O. Box 023 Altoona, PA 16603 | Purpose of Disbursement Robert Jubeltzer, PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 300.00 |
| G. Full Name, Mailing Address and ZIP Code Pennsylvania House Republican Campaign Committee PO Box 11787 500 North Third Street, 4th floor Harrisburg, PA 17108 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 300.00 |
| H. Full Name, Mailing Address and ZIP Code Senate Republican Campaign Cmte P.O. Box 792 Federal Square Station Harrisburg, PA 17108 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 500.00 |
| I. Full Name, Mailing Address and ZIP Code Republican Party/Senate Majority 2000 719 North Calhoun Street PO Box 311 Tallahassee, FL 32302 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 1,500.00 |

SUBTOTAL of Disbursements This Page (optional)

4,900.00

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 29

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)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Debby Sanderson Senate Campaign Committee 4800 NE 20th Terrace Suite 403 Ft lauderdale, FL 33308 | Debby Sanderson, STATE SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Durell Peadar Senate Campaign Committee PO Box 2100 Crestview, FL 32436 | Durell Peadar, STATE SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Cmta to Re-Elect Senator Ron Stafford P.O. Box 8070 Albany, NY 12206-0070 | Ronald Stafford, NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 500.00 |
| Doria Democratic Leadership Fund PO Box 2007 Bayonne, NJ 07002 | Joe Doria, STATE ASSEMBLY NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Senate Republican Majority PO Box 660 Eatontown, NJ 07724 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Assembly Republican majority PO Box 154 Skillman, NJ 08558 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Friends of Blee 111 North Shore Drive Absecon, NJ 08201 | Frank Blee, STATE ASSEMBLY NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Election Fund of Joseph Vitale PO Box 1467 Woodbridge, NJ 07095 | Joseph Vitale, STATE SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |
| Election Fund of Senator Robert W Singer 3 North Dakota Court Jackson, NJ 08527 | Robert Singer, STATE SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/06/00 | 250.00 |

SUBTOTAL of Disbursements This Page (optional)

2,500.00

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 28

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NAME OF COMMITTEE (in Full)

AMP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Citizens For Judy Erwin 1545 North Wells Chicago, IL 60610 | Judy Erwin, STATE HOUSE REP. IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 250.00 |
| B. Full Name, Mailing Address and ZIP Code Praeger For Senate 3601 Quail Creek Court Lawrence, KS 66047 | Sandy Praeger, STATE SENATE KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 250.00 |
| C. Full Name, Mailing Address and ZIP Code Schlmeck-2000 2321 Camelot Court Lincoln, NE 68512 | DiAnna Schlmeck, STATE SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 250.00 |
| D. Full Name, Mailing Address and ZIP Code Peschetti For Assembly 921 11th Street Suite 110 Sacramento, CA 95814 | Anthony Peschetti, STATE HOUSE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code Helen Thompson For Assembly PO Box 74996 Davis, CA 95817 | Helen Thompson, STATE HOUSE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code Loveland For Senate PO Box 3038 Pasco, WA 99302 | Valoria Loveland, STATE SENATE WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 250.00 |
| G. Full Name, Mailing Address and ZIP Code Perkins For Assembly 408 Glasgow Street Henderson, NV 89015-5631 | Richard Perkins, STATE HOUSE REP. NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 500.00 |
| H. Full Name, Mailing Address and ZIP Code Deccio For Senate 402 East Yakima #1400 Yakima, WA 98901 | Alex Deccio, STATE SENATE WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 250.00 |
| I. Full Name, Mailing Address and ZIP Code Committee to Elect Ray Rawson 2217 Scarlett Rose Drive Las Vegas, NV 89134-5905 | Ray Rawson, STATE SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

4,250.00

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 29

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NAME OF COMMITTEE (In Full)

AHP Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Committee to Elect Eldon Mulder 716 West 4th Anchorage, AK 99501-2133 | Eldon Mulder, STATE HOUSE REP. WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/07/00 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code CAMPAIGN FOR SENATOR JANE NELSON 1709 VILLA COURT CORINTH, TX 76201 | Purpose of Disbursement JANE NELSON, TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 11/15/00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

18,100.00

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>12/7/00</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>RBM</i> PREPARER | <i>12/7/00</i> DATE PREPARED |