

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Friends of Congressman Tim Holden

ADDRESS (number and street) 18 N. SECOND ST., BOX 37  
 Check if different than previously reported. (ACC)  
SAINT CLAIR PA 17970

2. **FEC IDENTIFICATION NUMBER** C00265322  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
PA 17

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2007 through 12 31 2007

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 THOMAS V. NAWROCKI

Signature of Treasurer Electronically Filed by THOMAS V. NAWROCKI Date 01 05 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Congressman Tim Holden

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	85807.00	370018.24
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	6550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	85807.00	363468.24
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	24742.44	168383.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	9.06	1622.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24733.38	166760.35
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>779047.18</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>1188.21</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Congressman Tim Holden

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

4750.00

50455.60

(ii) Unitemized.....

57.00

27807.00

(iii) TOTAL of contributions

4807.00

78262.60

from individuals..... ▶

0.00

1331.63

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

81000.00

290424.01

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

85807.00

370018.24

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

9.06

1622.74

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

7339.48

28461.38

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

93155.54

400102.36

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	24742.44	168383.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6550.00
21. OTHER DISBURSEMENTS.....	16605.25	36757.95
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41347.69	211691.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	727239.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	93155.54
25. SUBTOTAL (add Line 23 and Line 24).....	820394.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41347.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	779047.18

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> T.TIMOTHY HOLDEN		<b>Candidate ID Number</b> H2PA06080
<b>Name of Principal Campaign Committee</b> Friends of Congressman Tim Holden		<b>Committee ID Number</b> C C00265322
<b>Committee Address</b> 18 N. SECOND ST., BOX 37		
<b>City</b> SAINT CLAIR	<b>State</b> PA	<b>ZIP</b> 17970
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	377520.49	22500.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	377520.49	22500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 53  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Nra Of American

Mailing Address 11250 Waples Mill Road

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

**Transaction ID:** C21715

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert G. Harris

Mailing Address 124 Walnut St.

City State Zip Code  
Pine Grove PA 17963

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Pharmacist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** C21671

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Herbert Kobin

Mailing Address 16344 Mira Vist Lane

City State Zip Code  
Delray Beach FL 33446

FEC ID number of contributing federal political committee. C

Name of Employer Kobin Coal Corp Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** C21686

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 53  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Alan R Mauk  
 Mailing Address 2121 Jameson Ave, Unit 1405  
 City State Zip Code  
 Alexandria VA 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alan Mauk LTD Occupation President  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
 Date of Receipt: 11 / 21 / 2007  
**Transaction ID: C21685**  
 Amount of Each Receipt this Period: 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Douglas A Neidich  
 Mailing Address 1832 Peeble CT  
 City State Zip Code  
 Harrisburg PA 17110-8950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Powers & Associates Occupation R. E. Developer  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
 Date of Receipt: 12 / 21 / 2007  
**Transaction ID: C21720**  
 Amount of Each Receipt this Period: 250.50  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas D. Powers  
 Mailing Address 3029 N. Front St  
 City State Zip Code  
 Harrisburg PA 17102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Powers & Associates Occupation R.E. Developer  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
 Date of Receipt: 12 / 21 / 2007  
**Transaction ID: C21721**  
 Amount of Each Receipt this Period: 125.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.50**  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 53</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<b>A.</b>	Full Name (Last, First, Middle Initial) John Tierney		Date of Receipt																					
	Mailing Address 3029 N. Front St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	1	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	2	1	/	2	0	0	7														
	City	State	Zip Code		<b>Transaction ID:</b> C21722																			
	Harrisburg	PA	17102																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Powers & Associates		Occupation R.E. Developer		<input type="text" value="124.50"/>																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
		<input type="text" value="224.50"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="124.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4750.00"/>



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Act. Committ. for Rural Electrification

Mailing Address **ATTN: Dena G. Stoner**  
4301 Wilson Boulevard

City **Arlington** State **VA** Zip Code **22203-1860**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt **12 / 03 / 2007**  
**Transaction ID: C21710**  
 Amount of Each Receipt this Period **1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AFSCME PEOPLE

Mailing Address **American Federation of State Count**  
1625 L Street NW

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt **12 / 28 / 2007**  
**Transaction ID: C21728**  
 Amount of Each Receipt this Period **1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Agri Mark LEGISLATION

Mailing Address **EDUCATION COMMITT.-PAC**  
P.O. Box 5800

City **Lawrence** State **MA** Zip Code **01842**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt **12 / 03 / 2007**  
**Transaction ID: C21707**  
 Amount of Each Receipt this Period **500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Alabama Farmers Federation PAC

Mailing Address P.O. Box 11023

City State Zip Code  
Montgomery AL 36198

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 7

**Transaction ID:** C21698

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ALPA-PAC Air Line Pilots Association

Mailing Address Political Action Committee  
1625 Massachusetts Avenue, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

**Transaction ID:** C21672

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 1300 Wilson Boulevard  
Attn: Martin Durbin

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7

**Transaction ID:** C21725

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN CONCRETE PAVEMENT ASSOCIATION PAC (ACPA P)

Mailing Address 5420 Old Orchard Road  
Suite A100

City Skokie State IL Zip Code 60077

FEC ID number of contributing federal political committee. **C** C00322727

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
11 / 21 / 2007

**Transaction ID:** C21687

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Federation Of Gov't Employees

Mailing Address AFGE Political Action Committee  
80 F Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
10 / 15 / 2007

**Transaction ID:** C21677

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Moving & Storage Association

Mailing Address 1611 Duke Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
10 / 09 / 2007

**Transaction ID:** C21675

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 53  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
American Road & Transportation

Mailing Address Builders Association - PAC  
1010 Massachusetts Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
12 / 03 / 2007

Transaction ID: C21708

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Society Of Assoc. Executives

Mailing Address 1575 I Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: C21680

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch Political Action

Mailing Address Committee AB-PAC  
Republic Place 1776 I Street

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
11 / 28 / 2007

Transaction ID: C21705

Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch Political Action

Mailing Address Committee AB-PAC  
Republic Place 1776 I Street

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
12 / 28 / 2007

**Transaction ID:** C21730

Amount of Each Receipt this Period 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AOPA Aircraft Owners & Pilots

Mailing Address Pilots Association Political  
421 Aviation Way

City Frederick State MD Zip Code 21701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
11 / 09 / 2007

**Transaction ID:** C21682

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AOPA Aircraft Owners & Pilots

Mailing Address Pilots Association Political  
421 Aviation Way

City Frederick State MD Zip Code 21701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
12 / 21 / 2007

**Transaction ID:** C21727

Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 9000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
AOPA Aircraft Owners & Pilots

Mailing Address Pilots Association Political  
421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

**Transaction ID:** C21726

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ARKEMA POLITICAL ACTION COMMITTEE

Mailing Address 2000 MARKET ST

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00182980

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

**Transaction ID:** C21689

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

**Transaction ID:** C21690

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Build Political Action Committee of the

Mailing Address National Assoc. of Home Builders  
1201 15th Street

City Washington State DC Zip Code 20005-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 13 / 2007  
**Transaction ID: C21716**  
 Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Carpenters' Legis. Improv. Committ. PAC

Mailing Address 101 Constitution Avenue, N.W.  
C00001016

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 28 / 2007  
**Transaction ID: C21732**  
 Amount of Each Receipt this Period: 4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dairy Farmers Of America Inc

Mailing Address DEPAC  
P.O. Box 909700

City Kansas City State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 11 / 21 / 2007  
**Transaction ID: C21700**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **10000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.**

Full Name (Last, First, Middle Initial)  
EMBARQ CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 150 Fayetteville Street Mall  
Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C21684

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
EPEC

Mailing Address Engineers Political Education Comm  
1125 Seventeenth Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: C21676

Amount of Each Receipt this Period

5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Exelon - PAC

Mailing Address P.O. Box 805379

City Chicago State IL Zip Code 60680-5379

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C21702

Amount of Each Receipt this Period

3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

8500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address P.O. Box 75000 PAC Svs MC 2250  
MC 2250

City State Zip Code  
Detroit MI 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	7

**Transaction ID:** C21709

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
H J HEINZ COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 60TH FLOOR USX TOWER 600 GRANT ST

City State Zip Code  
PITTSBURGH PA 15219

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

**Transaction ID:** C21691

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 1001 Pennsylvania Avenue  
Suite 700

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	7

**Transaction ID:** C21673

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.**

Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 1001 Pennsylvania Avenue  
Suite 700

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C21701

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
KELLEY DRYE COLLIER SHANNON POLITICAL ACTION COMMITTEE

Mailing Address 3050 K STREET NW SUITE 400

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C21688

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL BAKER CORPORATION POLITICAL ACTION COMMITTEE (BAKER PAC)

Mailing Address 100 AIRSIDE DRIVE

City State Zip Code  
MOON TOWNSHIP PA 15108

FEC ID number of contributing federal political committee. **C** C00403477

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: C21712

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
NAPUS PAC

Mailing Address National Association Of Postmaster  
8 Herbert Street

City Alexandria State VA Zip Code 22305-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1125.00

Date of Receipt 11 / 21 / 2007  
**Transaction ID: C21699**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Propane Gas Propane PAC

Mailing Address 1600 Eisenhower Lane

City Lisle State IL Zip Code 60532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2007  
**Transaction ID: C21711**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NBWA PAC National Beer

Mailing Address Wholesalers Association PAC  
1101 S Washington Street

City Alexandria State VA Zip Code 22314-4494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 03 / 2007  
**Transaction ID: C21713**  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Owner-Operator Independent  
Mailing Address Drivers Assoc. PAC  
1101 30th Street N.W. #300  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 11 / 21 / 2007  
Transaction ID: C21694  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Penske Truck Leasing Co., L. P.  
Mailing Address PAC  
P.O. Box 563  
City Reading State PA Zip Code 19603-0563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 11 / 21 / 2007  
Transaction ID: C21697  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
PORTLAND CEMENT ASSOCIATION INC. PCA PAC  
Mailing Address 500 New Jersey Avenue NW  
7th Floor  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00237065  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 28 / 2007  
Transaction ID: C21729  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Potato Pac

Mailing Address 1300 L Street NW, Suite 910

City Washington State DC Zip Code 20005-4107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 12 / 21 / 2007  
**Transaction ID: C21723**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PP&L People For Good Govt - Federal

Mailing Address Multicandidate committee  
Two North Ninth Street

City Allentown State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 15 / 2007  
**Transaction ID: C21678**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
RPAC Realtors Political Action

Mailing Address Committee  
430 N Michigan Ave

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 28 / 2007  
**Transaction ID: C21731**  
 Amount of Each Receipt this Period 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
SEIU COPE US Division Service Employees

Mailing Address International Union Political  
1313 L Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
12 / 03 / 2007

Transaction ID: C21714

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers International

Mailing Address IBPAT Political Fund  
1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY  
11 / 21 / 2007

Transaction ID: C21704

Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers International

Mailing Address IBPAT Political Fund  
1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY  
11 / 21 / 2007

Transaction ID: C21703

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Snack PAC Snack Food Association

Mailing Address Political Action Committee  
1711 King Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 11 / 21 / 2007  
**Transaction ID: C21695**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sun Pac

Mailing Address 1735 Market ST

City Philadelphia State PA Zip Code 19103-1699

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 11 / 21 / 2007  
**Transaction ID: C21696**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UAW-V-CAP United Auto

Mailing Address Workers Voluntary  
8000 East Jefferson

City Detroit State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 21 / 2007  
**Transaction ID: C21724**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt MM / DD / YYYY  
10 / 15 / 2007

**Transaction ID:** C21679

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wal- Mart Stores, Inc., WAL\*PAC

Mailing Address Political Action Committee  
702 SW 8th Street

City Bentonville State AR Zip Code 72716-0150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
10 / 05 / 2007

**Transaction ID:** C21674

Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WASHINGTON GROUP INTERNATIONAL INC. POLITICAL ACTI

Mailing Address 2345 Crystal Drive  
Suite 708

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00097550

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
11 / 21 / 2007

**Transaction ID:** C21692

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**TOTAL** This Period (last page this line number only) ..... ► 81000.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 53
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<b>A.</b>	Full Name (Last, First, Middle Initial) Susquehanna Bank		Date of Receipt
	Mailing Address 2Nd & Carroll St		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Saint Clair	PA	17970
	FEC ID number of contributing federal political committee.		Transaction ID: C21719
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="2.00"/>	
Receipt For: 2008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
Election Cycle-to-Date ▼			
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="795.91"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2.00"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.** Full Name (Last, First, Middle Initial)  
Susquehanna Bank

Mailing Address 2Nd & Carroll St

City State Zip Code  
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 795.91

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 3 / 2 0 0 7

**Transaction ID:** C21718

Amount of Each Receipt this Period  
793.91

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Community Banks, NA

Mailing Address Second and Carroll Street

City State Zip Code  
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 27667.47

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

**Transaction ID:** C21668

Amount of Each Receipt this Period  
2447.52

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Community Banks, NA

Mailing Address Second and Carroll Street

City State Zip Code  
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 27667.47

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 9 / 2 0 0 7

**Transaction ID:** C21683

Amount of Each Receipt this Period  
2601.72

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5843.15**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 53	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

**A.**

Full Name (Last, First, Middle Initial)  
Community Banks, NA

Mailing Address Second and Carroll Street

City State Zip Code  
Saint Clair PA 17970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
27667.47

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 8 / 2 0 0 7

Transaction ID: C21706

Amount of Each Receipt this Period  
1496.33

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1496.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7339.48

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.

Full Name (Last, First, Middle Initial)  
Scott Brennan

Mailing Address R.D. 3, Mill Creek

City Pottsville State PA Zip Code 17901

Purpose of Disbursement  
Beverage Campaign Workers

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7685

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

157.46

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy Street

City Washington State DC Zip Code 20003-4071

Purpose of Disbursement  
Fund raiser expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7575

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1193.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy Street

City Washington State DC Zip Code 20003-4071

Purpose of Disbursement  
Cancellation fee for canceling fund rais

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7648

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

158.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1509.44

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Community Banks, NA	Transaction ID: D7585 Date of Disbursement
	Mailing Address Second and Carroll Street	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fee	<input type="text" value="2.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Community Banks, NA	Transaction ID: D7606 Date of Disbursement
	Mailing Address Second and Carroll Street	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee WT& SS Taxes 04-Q-07	<input type="text" value="195.05"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Community Banks, NA	Transaction ID: D7626 Date of Disbursement
	Mailing Address Second and Carroll Street	<input type="text" value="11"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee WT& SS Taxes	<input type="text" value="195.05"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="392.10"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Community Banks, NA	Transaction ID: D7631 Date of Disbursement 11 / 06 / 2007
	Mailing Address Second and Carroll Street	Amount of Each Disbursement this Period 2.00
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Community Banks, NA	Transaction ID: D7658 Date of Disbursement 11 / 28 / 2007
	Mailing Address Second and Carroll Street	Amount of Each Disbursement this Period 2.00
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PA Unemployment Compensation Fund	Transaction ID: D7582 Date of Disbursement 10 / 05 / 2007
	Mailing Address Labor & Industry Bldg. 7th & Forrester Streets, P.O. BOX	Amount of Each Disbursement this Period 130.59
	City Harrisburg State PA Zip Code 17106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 03-Q-07 PUC Tax Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

134.59

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dauphin Co. Democratic Party</p> <p>Mailing Address P.O. Box 60789</p> <p>City Harrisburg State PA Zip Code 17106</p> <p>Purpose of Disbursement Full Page Adv/Dinner Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7580</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Southern Schuylkill Democratic Club</p> <p>Mailing Address 238 South Liberty St.</p> <p>City Orwigsburg State PA Zip Code 17961</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7663</p> <p>Date of Disbursement 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HAB - EIT</p> <p>Mailing Address P.O. Box 919</p> <p>City Bangor State PA Zip Code 18013</p> <p>Purpose of Disbursement 03-Q-07 L.T. Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7583</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 25.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	450.50
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<b>A.</b> Full Name (Last, First, Middle Initial) Bonner Group, Inc. <hr/> Mailing Address PO Box 523523 <hr/> City Springfield State VA Zip Code 22152 <hr/> Purpose of Disbursement Phone, fax, copy expenses Candidate Name	Transaction ID: D7572 Date of Disbursement 10 / 01 / 2007
	Amount of Each Disbursement this Period 32.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Bonner Group, Inc. <hr/> Mailing Address PO Box 523523 <hr/> City Springfield State VA Zip Code 22152 <hr/> Purpose of Disbursement Election&Consulting Fee Nov 2007 Candidate Name	Transaction ID: D7627 Date of Disbursement 11 / 02 / 2007
	Amount of Each Disbursement this Period 3750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Bonner Group, Inc. <hr/> Mailing Address PO Box 523523 <hr/> City Springfield State VA Zip Code 22152 <hr/> Purpose of Disbursement Phone, fax, copy expenses Candidate Name	Transaction ID: D7628 Date of Disbursement 11 / 02 / 2007
	Amount of Each Disbursement this Period 422.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4204.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Bonner Group, Inc.	Transaction ID: D7653 Date of Disbursement 11 / 28 / 2007
	Mailing Address PO Box 523523	Amount of Each Disbursement this Period 3750.00
	City Springfield State VA Zip Code 22152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Election&Consulting Fee Dec 2007 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bonner Group, Inc.	Transaction ID: D7664 Date of Disbursement 12 / 13 / 2007
	Mailing Address PO Box 523523	Amount of Each Disbursement this Period 232.90
	City Springfield State VA Zip Code 22152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone, fax, copy expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathleen Kanish	Transaction ID: D7577 Date of Disbursement 10 / 01 / 2007
	Mailing Address 424 South 2nd St.	Amount of Each Disbursement this Period 684.60
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Wages Pay Period Sept 07 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4667.50
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Kathleen Kanish	Transaction ID: D7625 Date of Disbursement 10 / 25 / 2007
	Mailing Address 424 South 2nd St.	Amount of Each Disbursement this Period 684.60
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Wages Pay Period Oct 2007 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathleen Kanish	Transaction ID: D7655 Date of Disbursement 11 / 28 / 2007
	Mailing Address 424 South 2nd St.	Amount of Each Disbursement this Period 684.60
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Wages Pay Period Nov 2007 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathleen Kanish	Transaction ID: D7654 Date of Disbursement 11 / 28 / 2007
	Mailing Address 424 South 2nd St.	Amount of Each Disbursement this Period 20.13
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1389.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<p><b>A.</b> Full Name (Last, First, Middle Initial) U.S. POST Master</p> <p>Mailing Address 831Market St</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement Postage - cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7656</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 615.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas V. Nawrocki</p> <p>Mailing Address 18 N. 2nd St.</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Bookkeeping&amp;Accounting Fee Sept 2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7576</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas V. Nawrocki</p> <p>Mailing Address 18 N. 2nd St.</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Bookkeeping&amp;Accounting Fee Oct 2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7624</p> <p>Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**3915.00**

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Thomas V. Nawrocki	Transaction ID: D7634 Date of Disbursement 11 / 16 / 2007
	Mailing Address 18 N. 2nd St.	Amount of Each Disbursement this Period 33.29
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office supplies reimbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thomas V. Nawrocki	Transaction ID: D7650 Date of Disbursement 11 / 28 / 2007
	Mailing Address 18 N. 2nd St.	Amount of Each Disbursement this Period 1650.00
	City Saint Clair State PA Zip Code 17970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bookkeeping&Accounting Fee Nov 2007	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PA Dept. of Revenue	Transaction ID: D7584 Date of Disbursement 10 / 05 / 2007
	Mailing Address Dept 280901	Amount of Each Disbursement this Period 78.30
	City Harrisburg State PA Zip Code 17128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 03-q-07 Employee S.I.T. Pay	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1761.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Pottsville Republican  Mailing Address 111 Mahantongo St  City Pottsville State PA Zip Code 17901  Purpose of Disbursement Labor Day Advertisement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7593 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 206.25  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Johnny's Half Shell Seafood  Mailing Address Dupont Circle, 2002 P St, NW  City Washington State DC Zip Code 20002  Purpose of Disbursement Fund Raiser Food&Beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7671 Date of Disbursement 12 / 17 / 2007  Amount of Each Disbursement this Period 2250.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) U.S. Postmaster (St. Clair)  Mailing Address 10 West Carroll Street  City St. Clair State PA Zip Code 17970  Purpose of Disbursement Postage FEC Reports (2) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7604 Date of Disbursement 10 / 10 / 2007  Amount of Each Disbursement this Period 5.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	211.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.

Full Name (Last, First, Middle Initial)  
U.S. Postmaster (St. Clair)

Mailing Address 10 West Carroll Street

City State Zip Code  
St. Clair PA 17970

Purpose of Disbursement  
2 rolls 100 stamps

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	7	7

Amount of Each Disbursement this Period

82.00
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
U.S. Postmaster, Pottsville

Mailing Address 450 North Centre Street

City State Zip Code  
Pottsville PA 17901

Purpose of Disbursement  
Stamps for Cards

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7661

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	7	7

Amount of Each Disbursement this Period

205.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 28000

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Phone-424 S. 2nd St. St. Clair

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	7	7

Amount of Each Disbursement this Period

132.48
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

419.48

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D7636 Date of Disbursement 11 / 16 / 2007
	Mailing Address PO Box 28000	Amount of Each Disbursement this Period 132.31
	City Lehigh Valley State PA Zip Code 18002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone-424 S. 2nd St. St. Clair Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D7665 Date of Disbursement 12 / 13 / 2007
	Mailing Address PO Box 28000	Amount of Each Disbursement this Period 132.54
	City Lehigh Valley State PA Zip Code 18002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone-424 S. 2nd St. St. Clair Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital One Bank	Transaction ID: D7594 Date of Disbursement 10 / 09 / 2007
	Mailing Address P.O. Box 70884	Amount of Each Disbursement this Period 532.30
	City Charlotte State NC Zip Code 28272	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>797.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<b>A.</b> Full Name (Last, First, Middle Initial) US House Members Dine Mailing Address U.S. Capital Building, Room #117 City Washington State DC Zip Code 20515 Purpose of Disbursement Food / beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7598 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 24.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) M & S Grill Mailing Address 600 13TH ST. City Washington State DC Zip Code 20005 Purpose of Disbursement Food and Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7595 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 299.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7619 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 87.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	87.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D7620 Date of Disbursement 10 / 25 / 2007
	Mailing Address 30 Ivy Street	Amount of Each Disbursement this Period 87.32
	City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Meals / beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital One Bank	Transaction ID: D7637 Date of Disbursement 11 / 16 / 2007
	Mailing Address P.O. Box 70884	Amount of Each Disbursement this Period 729.06
	City Charlotte State NC Zip Code 28272	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D7641 Date of Disbursement 11 / 16 / 2007
	Mailing Address 30 Ivy Street	Amount of Each Disbursement this Period 48.13
	City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Meals / beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>729.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D7670 Date of Disbursement 12 / 17 / 2007
	Mailing Address 30 Ivy Street	Amount of Each Disbursement this Period 353.57
	City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Meals / beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US House Members Dine	Transaction ID: D7640 Date of Disbursement 11 / 16 / 2007
	Mailing Address U.S. Capital Building, Room #117	Amount of Each Disbursement this Period 14.20
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food / beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) M & S Grill	Transaction ID: D7642 Date of Disbursement 11 / 16 / 2007
	Mailing Address 600 13TH ST.	Amount of Each Disbursement this Period 79.52
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food and Beverages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

0.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Harrisburg Hotel</p> <p>Mailing Address One North Second St.</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement Travel and Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7643</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 48.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Harrisburg Hotel</p> <p>Mailing Address One North Second St.</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement Lodging, campaign trail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7669</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 23.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Anna Maria's Restaurant</p> <p>Mailing Address 607 New York Ave. NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Food /beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7644</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 299.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Capital One Bank <hr/> Mailing Address P.O. Box 70884 <hr/> City Charlotte State NC Zip Code 28272 <hr/> Purpose of Disbursement See Below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7668 Date of Disbursement 12 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 2983.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 2855 <hr/> City New York State NY Zip Code 10116 <hr/> Purpose of Disbursement See Below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7681 Date of Disbursement 12 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 106.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) National Democratic Club <hr/> Mailing Address 30 Ivy Street <hr/> City Washington State DC Zip Code 20003-4071 <hr/> Purpose of Disbursement Meals / beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7682 Date of Disbursement 12 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 106.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3089.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>23758.50</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.

Full Name (Last, First, Middle Initial)  
Barnhardt For Berks

Mailing Address 1307 Orchard Road

City Reading State PA Zip Code 19611

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7587

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Berks County Democratic Committee

Mailing Address 434 Walnut Street

City Reading State PA Zip Code 19601

Purpose of Disbursement  
Breakfast 12/15/07

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7678

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

64.85

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Chris Carney For Congress

Mailing Address 279 15th St, NW 3RD Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7667

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

2564.85

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.

Full Name (Last, First, Middle Initial)  
Gajewski For Commissioner

Transaction ID: D7586

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Mailing Address P.O. Box 14996

Amount of Each Disbursement this Period

500.00
--------

City Reading State PA Zip Code 19612

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Southern Schuylkill Democratic Club

Transaction ID: D7581

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Mailing Address 238 South Liberty St.

Amount of Each Disbursement this Period

105.00
--------

City Orwigsburg State PA Zip Code 17961

Purpose of Disbursement  
7 Tickets Breakfast

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Friends of Neal P. Goodman

Transaction ID: D7591

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Mailing Address P.O. Box 66

Amount of Each Disbursement this Period

2000.00
---------

City Mahanoy City State PA Zip Code 17948

Purpose of Disbursement  
Donation

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

2605.00
---------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Ymca Harrisburg Mailing Address 701 North Front St City Harrisburg State PA Zip Code 17101 Purpose of Disbursement Annual Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7616 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 608.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jo Ellen Lents For Commissioner Mailing Address 2501 Cumberland St, Suite 4 City Lebanon State PA Zip Code 17042 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7609 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Joe Monmelly For Congress Mailing Address P.O. Box 1961 City South Bend State IN Zip Code 46634 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7666 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2858.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Rowley For Judge <hr/> Mailing Address 110 Love Road <hr/> City Reading State PA Zip Code 19607 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7588 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Pennsylvania Democratic Party <hr/> Mailing Address 300 North Second St <hr/> City Harrisburg State PA Zip Code 17101 <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7623 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Pottsville City Democratic Committee <hr/> Mailing Address P.O. Box 66 321 West Market Street <hr/> City Pottsville State PA Zip Code 17901 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7614 Date of Disbursement 10 / 18 / 2007 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

5100.00

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.	Full Name (Last, First, Middle Initial) Pottsville City Democratic Committee	Transaction ID: D7621 Date of Disbursement 10 / 25 / 2007
	Mailing Address P.O. Box 66 321 West Market Street	Amount of Each Disbursement this Period 50.00
	City Pottsville State PA Zip Code 17901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Pottsville City Democratic Committee	Transaction ID: D7630 Date of Disbursement 11 / 06 / 2007
	Mailing Address P.O. Box 66 321 West Market Street	Amount of Each Disbursement this Period 500.00
	City Pottsville State PA Zip Code 17901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Raventhal For Mayor	Transaction ID: D7608 Date of Disbursement 10 / 12 / 2007
	Mailing Address P.O. Box 23648	Amount of Each Disbursement this Period 1000.00
	City Pittsburgh State PA Zip Code 15222	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Ticket for Fundraiser	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

1550.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

A.

Full Name (Last, First, Middle Initial)  
Friends Of Seamus Mccaffery

Mailing Address P.O. Box 9196

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement  
Fund raiser donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7615

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Friends Of Steve Lukach

Mailing Address 335 Lake Drive

City Wiggins State PA Zip Code 17948

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7613

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Schuylkill United Way

Mailing Address 91 South Prograss Ave

City Pottsville State PA Zip Code 17901

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7646

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1000.00

TOTAL This Period (last page this line number only) ..... ▶

15678.25

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 51 / 53
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Friends of Congressman Tim Holden

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Alexander K. Nagy	Nature of Debt (Purpose): Win - Bonus
Mailing Address 314 A ST, SE	
City Washington State DC ZIP Code 20003	

Outstanding Balance Beginning This Period 339.20	<b>Transaction ID: D4871</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 339.20

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Community Banks, NA	Nature of Debt (Purpose): 11/02 Withholding Taxes
Mailing Address Second and Carroll Street	
City Saint Clair State PA ZIP Code 17970	

Outstanding Balance Beginning This Period 747.56	<b>Transaction ID: D1488</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 747.56

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Daren J. Berringer	Nature of Debt (Purpose): Win - Bonus
Mailing Address 115 North St, Apt 202	
City Harrisburg State PA ZIP Code 17101	

Outstanding Balance Beginning This Period 29.40	<b>Transaction ID: D4938</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29.40

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1116.16
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 52 / 53	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Congressman Tim Holden

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Douglas W. Anderson III			Nature of Debt (Purpose): Win - Bonus
Mailing Address 34 Redgerneest Drive			
City Pittsburgh	State PA	ZIP Code 15235	

Outstanding Balance Beginning This Period		<b>Transaction ID: D4900</b>	
72.05			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	72.05	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	72.05
2) <b>TOTALS</b> This Period (last page this line number only).....	1188.21
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	1188.21

Image# 28990013973

Form/Schedule: **F3N**

Transaction ID:

\*\*\*\*\*