Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 7900	537				port		CANDI	DATE		СОМ	1ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		MOI	NTG	OMER	Y CO DE	м сом	l						
Street Address:	21 E AIRY ST															
City:	NORRISTOWN	l						State:	PA			Zip Cod	le: 19	9401		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY							AMENDMENT Yes No REPORT?								
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?			\	
report type)	ANNUAL REPORT	7.	Year 2000					NG METHO				PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR		1	DEM	l	46
								11		7	2000		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		1 1		1	Т	0	4		24	2000					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	-		11,5	21.64					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			11,4	60.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			22,9	81.64					
D. Total Expend	ditures (From Scho	edule II	I)				\$			11,7	17.31					
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			11,2	64.33					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			1,7	69.63			1		
				AFF	IDA	AVI	T SE	CTION								
	s a Committee rep	•	-													
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	nedule	s file	ed on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	ì	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu						- -					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	МО	D	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
MONTGOMERY CO DEM COM	From:	То:	4/24/2000
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	3,310.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)			
Contributions Received From Political Committees (Part A)	-	\$	300.00
All Other Contributions (Part B)		\$	2,450.00
TOTAL for the Reporting	Period (2)	\$	2,750.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	300.00
All Other Contributions (Part D)		\$	5,100.00
TOTAL for the Reporting	Period (3)	\$	5,400.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	11,460.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidat	e		Re	porting I	Period			
MONTGOMERY CO DEM COM			Fr	om:		То	:	4/24/2000
		•			DATE			AMOUNT
Full Name of Contributing Committee EISENHOWER FOR ATTORNEY GENERAL	L			МО	DAY	YEAR		
Mailing Address 601 WALNUT ST 9	SUITE 720			(22	2000	\$	100.00
City PHILADELPHIA	State PA	Zip Code (Plus	4)	3	23	2000		
Full Name of Contributing Committee FRIENDS FOR SCHWARTZ COMMITTEE				МО	DAY	YEAR		
Mailing Address P O BOX 25317							\$	100.00
City PHILADELPHIA	State PA	Zip Code (Plus	4)	3	23	2000		
Full Name of Contributing Committee MERUELSTEIN FOR STATE REP COMM				МО	DAY	YEAR		
Mailing Address 18 NORTHVIEW D	PR				-	2005	\$	100.00
City GLENSIDE	State PA	Zip Code (Plus 19038	4)	3	30	2000		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
300.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Reporting Period Name of Filing Committee or Candidate MONTGOMERY CO DEM COM From: To: 4/24/2000 DATE **AMOUNT Full Name of Contributor** МО DAY YEAR MAUREEN SHIELDS **Mailing Address** 177 DRUMMERS LN 100.00 2000 3 21 State Zip Code (Plus 4) City WAYNE PΑ 19087 **Full Name of Contributor** мо DAY YEAR **ELEANOR MORRIS Mailing Address** 3340 COVENTRYVILLE RD 100.00 2000 3 22 State Zip Code (Plus 4) City **POTTSTOWN** PΑ 19465 **Full Name of Contributor** мо DAY YEAR MORRIS GOCIAL **Mailing Address** 415 CHAPEL RD 250.00 3 22 2000 State Zip Code (Plus 4) City **ELKINS PARK** PΑ 19027 **Full Name of Contributor** DAY YEAR МО JOHN CAIRNS **Mailing Address** 704 ERLEEN RD 100.00 2000 3 23 State Zip Code (Plus 4) City **NORRISTOWN** PΑ 19401 **Full Name of Contributor** DAY YEAR МО **RUTH S DAMSKER Mailing Address** 7840 CEDAR LN 150.00 23 2000 3 State Zip Code (Plus 4) City **ELKINS PARK** PA 19027

	ame of Contri				МО	DAY	YEAR	
Gabr:	IELLE MANGA	۸N						
Mailin	g Address	4111 DEVONSHIRE	RD					\$ 150.00
City	PLYMOUTH	MEETING	State	Zip Code (Plus 4)	3	23	2000	
	7211100111		PA	19412				
Full Na	ame of Contri	butor			МО	DAY	YEAR	
JAMES	5 MCCANN				140	DA!	ILAK	
Mailin	g Address	3425 IVY LANE						\$ 100.00
City	NEWTOWN	SOUARE	State	Zip Code (Plus 4)	3	23	2000	
			PA	19073				
	ame of Contril				МО	DAY	YEAR	
Mailin	g Address	145 HEWITT RD						\$ 100.00
City	WYNCOTE		State	Zip Code (Plus 4)	3	23	2000	
			PA	19095				
Full Name of Contributor								
DAVID	NASATIR	butor			МО	DAY	YEAR	
		16 DECHERT RD			МО	DAY	YEAR	\$ 100.00
) NASATIR g Address	16 DECHERT RD	State	Zip Code (Plus 4)	MO 3	DAY 23	YEAR 2000	\$ 100.00
Mailin) NASATIR	16 DECHERT RD	State PA	Zip Code (Plus 4) 19428				\$ 100.00
Mailin City) NASATIR g Address	16 DECHERT RD DCKEN				23		\$ 100.00
Mailin City Full Na	O NASATIR g Address CONSHOHO ame of Contril	16 DECHERT RD DCKEN butor			3	23 DAY	2000 YEAR	\$ 100.00
Mailin City Full Na	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN g Address	16 DECHERT RD OCKEN butor			3	23	2000	
Mailin City Full Na NORA Mailin	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN	16 DECHERT RD OCKEN butor	PA	19428	мо	23 DAY	2000 YEAR	
Mailin City Full Na NORA Mailin City	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN g Address NARBERTH	16 DECHERT RD DCKEN butor 205 DUDLEY AVE	PA	19428 Zip Code (Plus 4)	мо	23 DAY	2000 YEAR	
Mailin City Full Ni NORA Mailin City	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN g Address	16 DECHERT RD DCKEN butor 205 DUDLEY AVE	PA	19428 Zip Code (Plus 4)	мо	23 DAY	2000 YEAR	
Full Na NORA Mailin City Full Na STUAF	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN g Address NARBERTH	16 DECHERT RD DCKEN butor 205 DUDLEY AVE	State PA	19428 Zip Code (Plus 4)	MO	23 DAY 23	2000 YEAR 2000	
Full Na NORA Mailin City Full Na STUAF	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN g Address NARBERTH ame of Contril RT SHAPIRO g Address	16 DECHERT RD OCKEN butor 205 DUDLEY AVE	State PA	19428 Zip Code (Plus 4)	MO	23 DAY	2000 YEAR 2000	\$ 100.00
Full Na City Full Na NORA Mailin City Full Na STUAF	O NASATIR g Address CONSHOHO ame of Contril WINKELMAN g Address NARBERTH ame of Contril	16 DECHERT RD OCKEN butor 205 DUDLEY AVE	State PA	19428 Zip Code (Plus 4) 19072	мо мо	23 DAY 23	2000 YEAR 2000	\$ 100.00

Full Name of Contributor				
TERI R SIMON	МО	DAY	YEAR	
Mailing Address 324 HATHAWAY LANE				\$ 100.00
City WYNNEWOOD State Zip Code (Plus 4)	3	23	2000	
PA 19096				
Full Name of Contributor MAUREEN MCVAIL	мо	DAY	YEAR	
Mailing Address 1010 WOOD TOR CIRCLE				\$ 200.00
City WAYNE State Zip Code (Plus 4)	3	23	2000	
PA 19087				
Full Name of Contributor JAY S FRIEDENBERG	мо	DAY	YEAR	
Mailing Address 188 MARC LANE				\$ 250.00
			2000	
City HUNTINGDON VALLEY State Zip Code (Plus 4)	3	27	2000	
City HUNTINGDON VALLEY State PA 19006	3	27	2000	
HUNTINGDON VALLEY	мо	DAY	YEAR	
PA 19006 Full Name of Contributor				\$ 100.00
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE				\$ 100.00
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE	мо	DAY	YEAR	\$ 100.00
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE City BRYN MAWR PA 19006 19006 Zip Code (Plus 4)	мо	DAY	YEAR	\$ 100.00
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE City BRYN MAWR Full Name of Contributor Full Name of Contributor	мо 3	DAY 30	YEAR 2000	\$ 100.00 \$ 250.00
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE City BRYN MAWR State PA 19010 Full Name of Contributor ALBERT C RIELK Mailing Address 521 PERKIOMEN AVE	мо 3	DAY 30	YEAR 2000	
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE City BRYN MAWR State PA 19010 Full Name of Contributor ALBERT C RIELK Mailing Address 521 PERKIOMEN AVE	мо 	30 DAY	YEAR 2000	
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE City BRYN MAWR State PA 19010 Full Name of Contributor ALBERT C RIELK Mailing Address 521 PERKIOMEN AVE City LANSDALE State Zip Code (Plus 4) 19010	мо 	30 DAY	YEAR 2000	
Full Name of Contributor BETSY SHEERR Mailing Address 800 EDWIN LANE City BRYN MAWR Full Name of Contributor ALBERT C RIELK Mailing Address 521 PERKIOMEN AVE City LANSDALE State Zip Code (Plus 4) 19010 Zip Code (Plus 4) 19046 Full Name of Contributor	MO 3	DAY 30 DAY	YEAR 2000	
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Full Name of Contributor DAVID GAMBLE			МО	DAY	YEAR	
Mailing Address 613 M	ONTGOMERY SCHOOL LN					\$ 100.00
City WYNNEWOOD	State	Zip Code (Plus 4)	4	18	2000	
	PA	19096				

PAGE TOTAL \$ 2,450.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART C

Reporting Period

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

MONTGOMERY CO DEM COM		From:			То:	4/24/2000	
			DA	TE		AMOUNT	
Full Name of Contributing Committee INDIAN VALLEY DEM COM			МО	DAY	YEAR		
Mailing Address 639 CREAMERY RD					2000	\$	300.00
City TELFORD	State PA	Zip Code (Plus 4) 18969	3	23	2000		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

Name of Filing Committee or Candidate

PAGE TOTAL \$ 300.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Rep	Reporting Period				
MONTGOMERY CO DEM COM				Fron	n:		То	: <u>4/24/2000</u>	
					DA	TE		AMOUNT	
Full Name of Contributor HAL KRISBERGH					мо	DAY	YEAR		
Mailing 1538 MEADOWBROOK Address	(RD							\$ 1,000.00	
City MEADOWBROOK	State PA		OCode (Plus	4)	4	24	2000		
Employer Name					Occupat	ion			
Employer Mailing Address/Principal Place Business	e of		City			State		Zip Code (Plus 4)	
Full Name of Contributor JOHN C HAAS					мо	DAY	YEAR		
Mailing 330 N SPRING MILL R	D							\$ 1,000.00	
City VILLANOVA	State PA		OCOde (Plus	4)	4	20	2000		
Employer Name					Occupat	ion R	ETIRED		
Employer Mailing Address/Principal Place Business	e of		City			State		Zip Code (Plus 4)	
Full Name of Contributor JOSEPH MANKO					мо	DAY	YEAR		
Mailing 96 E LEVERING MILL I	RD							\$ 1,000.00	
City BALA CYNWYDD	State PA		OCode (Plus	4)	4	18	2000		
Employer Name MANKO GOLD & KATO	HER				Occupat	ion A	TTORNI	EY	
Employer Mailing Address/Principal Place Business	e of		City		•	State		Zip Code (Plus 4)	
			BALA CYN	NWYD		PA			

No									
Mailing A61 APPLE TREE LANK A61 APPLE	Full Name of Contributor			МО	DAY	VEAD			
Address	BARRY FRIEDMAN			MO	DAT	TEAR			
Employer Name BLANK ROME BL		<u> </u>							
Employer Name BLANK ROME Employer Name of Contributor PETER FKELSEN Mol DAY YEAR ATTORNEY Full Name of Contributor PAddress Principal Place of Business BLANK ROME Employer Name BLANK ROME Employer Name BLANK ROME Full Name of Contributor PETER J SOLOFF Mol DAY YEAR ATTORNEY State 7 2000 ATTORNEY Full Name of Contributor PA 19066 City MERION STATION State 9 21p Code (Plus 4) PA 19046 Full Name of Contributor PETER J SOLOFF Mol DAY YEAR Address 1335 WASHINGTON LANE City JENKINTOWN State 21p Code (Plus 4) 19046 Full Name of Contributor PA 19046 Employer Name City JENKINTOWN State 22p Code (Plus 4) 19046 City JENKINTOWN State 21p Code (Plus 4) 19046 Full Name of Contributor PA 2000 State 22p Code (Plus 4) 19046 Full Name of Contributor PA 2000 State 22p Code (Plus 4) 19046 Full Name of Contributor MoRRIS J DEAN Mailing Address/Principal Place of Business State 22p Code (Plus 4) 19046 Full Name of Contributor MoRRIS J DEAN Mailing Address/Principal Place of Business State 22p Code (Plus 4) 19046 ATTORNEY Employer Name BLANK ROME Full Name of Contributor MoRRIS J DEAN Mailing Address/Principal Place of Business State 22p Code (Plus 4) 19040 ATTORNEY Employer Name BLANK ROME Exployer Name BLANK ROME Employer Name BLANK ROME Exployer	City LAFAYETTE HILL	State	Zip Code (Plus 4)	4	7	2000			
Employer Mailing Address/Principal Place of Business City PHILADELPHIA Full Name of Contributor PETER F.KELSEN MO DAY YEAR ATTORNEY * 350.00 City MERION STATION State 2ip Code (Plus 4) * 19066 City MERION STATION State 19066 Employer Name BLANK ROME City PHILADELPHIA Full Name of Contributor PETER J SOLOFF Mailing Address/Principal Place of Business 1335 WASHINGTON LANE City JENKINTOWN State 2ip Code (Plus 4) 19046 City JENKINTOWN City JENKINTOWN City JENKINTOWN City JENKINTOWN State 2ip Code (Plus 4) City State 2ip Code (Plus 4) Full Name of Contributor PA 19046 City JENKINTOWN State 2ip Code (Plus 4) City State 2ip Code (Plus 4) Full Name of Contributor PA 19046 City State 2ip Code (Plus 4) State 2ip Code (Plus 4) Full Name of Contributor Morris J DEAN Mailing Address/Principal Place of Business City State 2ip Code (Plus 4) State 2ip Code (Plus 4) Full Name of Contributor Morris J DEAN Mailing Address/Principal Place of Business ATTORNEY Full Name of Contributor Morris J DEAN Mailing Address/Principal Place of Business ATTORNEY Employer Name BLANK ROME Employer Name BLANK ROME City State 2ip Code (Plus 4) Employer Name BLANK ROME Employer Name BLANK ROME Employer Name BLANK ROME Employer Name BLANK ROME City State 2ip Code (Plus 4)		PA	19444						
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Employer Mailing Address/Principal Place of Business Employer Mailing Address/Principal Place of Business Employer Mailing Address/Principal Place of Business City PHILADELPHIA Full Name of Contributor PETER J SOLOFF Mailing Address 1335 WASHINGTON LANE City JENKINTOWN State Zip Code (Plus 4) 19046 Employer Name City State Zip Code (Plus 4) 2000 Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 350.00 Employer Mailing Address/Principal Place of Business MO DAY YEAR Address 325 MILLBANK RD Full Name of Contributor MORRIS J DEAN Mailing Address 325 MILLBANK RD City BRYN MAWR State Zip Code (Plus 4) 19010 State Zip Code (Plus 4) 2000 ATTORNEY Employer Name BLANK ROME Employer Mailing Address/Principal Place of Decupation ATTORNEY							\$ 350.00		
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Full Name of Contributor PATIOR Name PATIO	BLANK ROME			Joseph	ATTORNEY				
Full Name of Contributor PETER J SOLOFF Mailing Address 1335 WASHINGTON LANE City JENKINTOWN State PA 19046 Employer Name City State City State City State Zip Code (Plus 4) PA 19046 Full Name of Contributor MORRIS J DEAN Mo DAY YEAR Zip Code (Plus 4) Tip Code (Plus 4) Address 325 MILLBANK RD City BRYN MAWR State PA 19010 Employer Name BLANK ROME Employer Name BLANK ROME City State Zip Code (Plus 4) ATTORNEY State Zip Code (Plus 4) State Zip Code (Plus 4) ATTORNEY	Employer Mailing Address/Principal Plac	e of	City		State Zip Code (Plus 4				
PETER J SOLOFF Mo DAY YEAR Mailing Address 1335 WASHINGTON LANE City JENKINTOWN State PA 19046 City JENKINTOWN State PA 19046 City State PA 19046 City State PA 2000 Full Name of Contributor MORRIS J DEAN Mo DAY YEAR Mailing Address 325 MILLBANK RD City BRYN MAWR State PA 19010 City BRYN MAWR State PA 19010 City State Zip Code (Plus 4) ATTORNEY Employer Mailing Address/Principal Place of BLANK ROME Employer Mailing Address/Principal Place of State PA 19010 City BRYN MAWR State Zip Code (Plus 4) City State Zip Code (Plus 4) ATTORNEY	business		PHILADELPHIA	٨					
Mailing Address 1335 WASHINGTON LANE City JENKINTOWN State PA 19046 Employer Name City State City State PA 2ip Code (Plus 4) PA 2000 Full Name of Contributor MORRIS J DEAN Mailing Address 325 MILLBANK RD City BRYN MAWR State PA 19010 Employer Name BLANK ROME Employer Name BLANK ROME City State Zip Code (Plus 4) ATTORNEY State Zip Code (Plus 4) ATTORNEY Employer Mailing Address/Principal Place of Pa 19010 City BRYN MAWR State PA 19010 City BRYN MAWR State PA 19010 City BRYN MAWR BLANK ROME Employer Mailing Address/Principal Place of Business	Full Name of Contributor		·						
Address 1333 WASHINGTON LANE City JENKINTOWN State PA 19046 Employer Name City State City State Zip Code (Plus 4) Employer Mailing Address/Principal Place of Business 325 MILLBANK RD City BRYN MAWR State PA 19010 Employer Name BLANK ROME Employer Name BLANK ROME State Zip Code (Plus 4) \$ 350.00	PETER J SOLOFF			МО	DAY	YEAR			
Employer Name Employer Mailing Address/Principal Place of Business Full Name of Contributor MORRIS J DEAN Mo DAY YEAR Mol DAY YEAR Mol DAY YEAR Mol DAY YEAR State Zip Code (Plus 4) \$ 350.00 City BRYN MAWR State Zip Code (Plus 4) 19010 Full Name of Contributor MORRIS J DEAN ATTORNEY Employer Name BLANK ROME City State Zip Code (Plus 4) City State Zip Code (Plus 4) City State Zip Code (Plus 4)		ANE							
Employer Name City State Zip Code (Plus 4) Full Name of Contributor MORRIS J DEAN Mo DAY YEAR Mailing Address 325 MILLBANK RD City BRYN MAWR State PA Zip Code (Plus 4) \$ 350.00 City BRYN MAWR City City City State City State Zip Code (Plus 4) ATTORNEY Employer Mailing Address/Principal Place of Business City State City State Zip Code (Plus 4)	City JENKINTOWN	State	Zip Code (Plus 4)	4	7	2000			
Employer Mailing Address/Principal Place of Business Full Name of Contributor MORRIS J DEAN Mailing Address 325 MILLBANK RD City BRYN MAWR State PA 19010 City BLANK ROME Employer Name BLANK ROME Employer Mailing Address/Principal Place of Business City State City State City State City State Zip Code (Plus 4) ATTORNEY State Zip Code (Plus 4) State City State Zip Code (Plus 4)		PA	19046						
Full Name of Contributor MORRIS J DEAN Mo DAY YEAR Mailing Address 325 MILLBANK RD City BRYN MAWR State Zip Code (Plus 4) PA 19010 City BLANK ROME Employer Name BLANK ROME City State Zip Code (Plus 4) State City State Zip Code (Plus 4) ATTORNEY	Employer Name			Occupat	tion		1		
Full Name of Contributor MORRIS J DEAN Mailing Address 325 MILLBANK RD City BRYN MAWR State Zip Code (Plus 4) 19010 Employer Name BLANK ROME Employer Mailing Address/Principal Place of Business City State City State Zip Code (Plus 4) 2000 City State Zip Code (Plus 4) 3 28 2000 ATTORNEY	Employer Mailing Address/Principal Plac	e of	City		State		Zip Code (Plus 4)		
MORRIS J DEAN Mo DAY YEAR Mailing Address 325 MILLBANK RD City BRYN MAWR PA 19010 City BLANK ROME Employer Name BLANK ROME City Code (Plus 4) 19010 City State PA 19010 City State Decompation ATTORNEY City State Zip Code (Plus 4) 2000 City State Zip Code (Plus 4) 2000	Business								
Mailing Address 325 MILLBANK RD City BRYN MAWR State PA 19010 Employer Name BLANK ROME Employer Mailing Address/Principal Place of Business State Zip Code (Plus 4) 19010 ATTORNEY State Zip Code (Plus 4) 2000 ATTORNEY	Full Name of Contributor			МС	DAY	VEAD			
Address City BRYN MAWR State PA 19010 Employer Name BLANK ROME Employer Mailing Address/Principal Place of Business State PA 19010 State PA 19010 City State PA 2000 State PI 2000	MORRIS J DEAN			МО	DAI	ILAK			
Employer Name BLANK ROME Employer Mailing Address/Principal Place of Business City BRYN MAWR PA 19010 Occupation ATTORNEY State Zip Code (Plus 4) City State Zip Code (Plus 4)									
Employer Name BLANK ROME Occupation ATTORNEY Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)	City BRYN MAWR	State	Zip Code (Plus 4)	3	28	2000			
Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)		PA	19010						
Business	Employer Name BLANK ROME				tion A	TTORNE	ΞΥ		
Business					State		Zip Code (Plus 4)		
ı ' ' I	Business								

Full Name of Contributor DAVID LEBOR				мо	DAY	YEAR	
Mailing 317 CHERRY BEND							\$ 350.00
City MERION STATION	State	Zi	p Code (Plus 4)	3	28	2000)
<u></u>	PA	19	9066				<u> </u>
Employer Name BLANK ROME		Occupat	ion A	ATTORN	EY		
Employer Mailing Address/Principal Place Business	e of		City		State		Zip Code (Plus 4)
			PHILADELPHIA				
Full Name of Contributor					DAY	VEAD	
MICHAEL POLLACK				МО	DAY	YEAR	
Mailing 545 HOFFMAN DR Address						2001	\$ 350.00
City BRYN MAWR	State	Zi	p Code (Plus 4)	3	28	2000)
	PA	19	9010				
Employer Name BLANK ROME				Occupat	ion A	ATTORN	IEY
Employer Mailing Address/Principal Place Business	e of		City		State		Zip Code (Plus 4)
L			PHILADELPHIA			ļ	
Enter Grand Total of Part C on Sche	dule T. Detailed Su	ımr	nary Page. Sectio	on 3.			PAGE TOTAL
	,		,				\$ 5,100.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AN	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	m Schedule 1, Betailet	z Sammary r age,	Section				\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
MONTGOMERY CO DEM COM	From:	To:	4/24/2000
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period					
					Fro	om:		To	ł			
							DATE				AMOUNT	•
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address										\$		0.00
City	State		Zip Code(I	Plus 4)								
Employer of Contributor	•					Occupa	ition					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Desc	ripti	ion of (Contribut	ion
Enter Grand Total of Part G on Sci Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	etaile	ed					PAGE TO	0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	idate		Reporti	ng Period				
MONTGOMERY CO DEM COM			From			То:	4/24/2000	
				DATE			AMOUNT	
To Whom Paid LINDA DICILLO			МО	DAY	YEAR			
Mailing Address 1409 OAKLANI	D BLVD		3	27	2000	\$	200.00	
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Descrip APRIL I	otion of Exp	penditure			
To Whom Paid BRIAN GOCIAL	BRIAN GOCIAL				YEAR			
Mailing Address 169 GREENWO	GREENWOOD AVE			27	2000	\$	1,027.02	
City JENKINTOWN	State Zip Code (Plus 4) PA 19046			otion of Exp	penditure			
To Whom Paid BRIAN GOCIAL			мо	DAY	YEAR			
Mailing Address			3	27	2000	\$	69.22	
City	State Zip Code (Plus 4)			Description of Expenditure EMPLOYEE BENEFIT				
To Whom Paid BRIAN GOCIAL			МО	DAY	YEAR			
Mailing Address			4	14	2000	\$	1,027.02	
City	State	Zip Code (Plus 4)	Descrip PAYRO	otion of Exp	penditure			
						_		

Zip Code (Plus 4)

19380

Mailing Address

WEST CHESTER

City

549 WILLOW WAY

State

PΑ

682.32

2000

Description of Expenditure

PAYROLL

To Whom Paid JODIE POTH MO DAY YEAR		
Mailing Address 3 27 2000	\$	110.80
City State Zip Code (Plus 4) Description of Expenditure EMPLOYEE BENEFIT		
To Whom Paid JODIE POTH MO DAY YEAR		
Mailing Address 4 14 2000	\$	682.32
City State Zip Code (Plus 4) Description of Expenditure PAYROLL		
To Whom Paid AMERICA ONLINE MO DAY YEAR		
Mailing Address 3 21 2000	\$	26.95
City RESTON State VA Zip Code (Plus 4) Description of Expenditure INTERNET		
RESTON Description of Expenditure		
To Whom Paid VA Description of Expenditure INTERNET MO DAY YEAR	\$	38.90
To Whom Paid ATX TELECOMMUNICATION WO DAY YEAR	. \$	38.90
To Whom Paid ATX TELECOMMUNICATION Mailing Address 50 MONUMENT RD State VA Description of Expenditure INTERNET MO DAY YEAR 4 17 2000 City BALA CYNWYD State Zip Code (Plus 4) Description of Expenditure	. \$	38.90
To Whom Paid ATX TELECOMMUNICATION Mailing Address 50 MONUMENT RD State PA To Whom Paid ATX TOWhom Paid To Whom Paid To Whom Paid MO DAY YEAR ATY TELECOMMUNICATION To Whom Paid ATY TELECOMMUNICATION AND TOWNS ATTEMPT TO THE	. \$	38.90 518.52
TO Whom Paid ATX TELECOMMUNICATION Mo DAY YEAR Mailing Address 50 MONUMENT RD City BALA CYNWYD State PA 19004 To Whom Paid BELL ATLANTIC Mo DAY YEAR 4 17 2000 Description of Expenditure PHONE	\$	
To Whom Paid ATX TELECOMMUNICATION Mo DAY YEAR Mailing Address 50 MONUMENT RD City BALA CYNWYD To Whom Paid BELL ATLANTIC Mailing Address PO BOX 8585 VA Description of Expenditure PHONE To Whom Paid BELL ATLANTIC Mo DAY YEAR Zip Code (Plus 4) 19004 Mo DAY YEAR 4 7 2000 City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure PHONE	\$	
To Whom Paid ATX TELECOMMUNICATION Mailing Address 50 MONUMENT RD State PA	\$	

City CHELTENHAM State PA 19012 Description of Expenditure PRINTING To Whom Paid GE CAPITAL Mailing Address PO BOX 3083 State IA City CEDAR RAPIDS State IA State Sip Code (Plus 4) And Day Paid Description of Expenditure PRINTING To Whom Paid City CEDAR RAPIDS State COPIER To Whom Paid	2,987.08 125.08	\$ 2000 enditure	31		_	_				
City CHELTENHAM State PA 19012 To Whom Paid GE CAPITAL Mailing Address POBOX 3083 City CEDAR RAPIDS State IA State PA 2ip Code (Plus 4) 19012 MO DAY YEAR 2ip Code (Plus 4) 2ip Code		\$ enditure	tion of Exp	3						
To Whom Paid GE CAPITAL Mo DAY YEAR Mailing Address P O BOX 3083 City CEDAR RAPIDS State IA Zip Code (Plus 4) 52406 Description of Expenditure COPIER To Whom Paid	125.08						ling Address 216 BEECHER AVE			
GE CAPITAL Mo DAY YEAR Mailing Address P O BOX 3083 3 27 2000 \$ 1 City CEDAR RAPIDS State IA Zip Code (Plus 4) Description of Expenditure COPIER To Whom Paid	125.08	YEAR	NG				CHELTENHAM			
City CEDAR RAPIDS State IA State Sign Code (Plus 4) Description of Expenditure COPIER To Whom Paid	125.08		DAY	МО						
IA 52406 COPIER		\$ 2000	27	3			ling Address P O BOX 3083			
To Whom Paid		enditure					CEDAR RAPIDS			
GE CAPITAL		YEAR	DAY	МО						
Mailing Address	125.08	\$ 2000	17	4	<u> </u>					
City State Zip Code (Plus 4) Description of Expenditure COPIER		enditure			City State Zip Code (Plus 4)					
To Whom Paid HOSTING SOLUTIONS MO DAY YEAR		YEAR	DAY	МО						
Mailing Address 33 MAIN ST 3 27 2000 \$	12.00	\$ 2000	27	3			Mailing Address 33 MAIN ST			
					Y ASHBURNHAM State MA Zip Code (Plus 4) 01430					
ASHBURINIAN DESCRIPTION OF EXPENDITURE		enditure					/ ASHBURNHAM			
ASTIBUTION OF EXPENDITURE			IET	INTERN			Whom Paid			
To Whom Paid INTERNAL REVENUE SERVICE MA O1430 MO DAY YEAR	3,382.92	\$ YEAR	DAY	INTERN			Whom Paid ERNAL REVENUE SERVICE			
To Whom Paid INTERNAL REVENUE SERVICE MA O1430 MO DAY YEAR	3,382.92	\$ YEAR 2000	DAY 7	MO 4 Descrip	01430 Zip Code (Plus 4)	MA	Whom Paid FERNAL REVENUE SERVICE ling Address PO BOX 8786			
To Whom Paid INTERNAL REVENUE SERVICE Mailing Address PO BOX 8786 City PHILADELPHIA MA 01430 MA 01430 MO DAY YEAR 4 7 2000 \$ 3,3	3,382.92	\$ YEAR 2000 enditure	DAY 7 btion of Exp	MO 4 Descrip TAXES	01430 Zip Code (Plus 4)	MA	Whom Paid ERNAL REVENUE SERVICE ling Address PO BOX 8786 PHILADELPHIA Whom Paid			
To Whom Paid INTERNAL REVENUE SERVICE Mailing Address PO BOX 8786 City PHILADELPHIA PA State PA 19162 To Whom Paid MO DAY YEAR 4 7 2000 \$ 3,3	3,382.92	YEAR 2000 enditure YEAR	DAY 7 stion of Exp	MO 4 Descrip TAXES	01430 Zip Code (Plus 4)	MA	Whom Paid FERNAL REVENUE SERVICE Iing Address PO BOX 8786 PHILADELPHIA Whom Paid KESSON WATER PRODUCTS			

							PAGE 19	
To Whom Paid PECO ENERGY			мо	DAY	YEAR			
Mailing Address PO BOX 1343	7		3	27	2000	\$	58.76	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19162	Description of Expenditure UTILITY					
To Whom Paid RAPID FORMS			МО	DAY	YEAR			
Mailing Address 301 GROVE R	D		3	27	2000	\$	124.84	
City THOROFARE		otion of Exp						
To Whom Paid STAPLES			МО	DAY	YEAR			
Mailing Address PO BOX 2979				17	2000	\$	77.00	
City OMAHA State NE Zip Code (Plus 4) 68103				Description of Expenditure CREDIT CARD PAYMENT				
To Whom Paid UPS		·	МО	DAY	YEAR			
Mailing Address PO BOX 4980			3	27	2000	\$	36.00	
City HAGERSTOWN	Descrip	otion of Exp	penditure					
To Whom Paid UPS		·	МО	DAY	YEAR			
Mailing Address			4	17	2000	\$	24.00	
City	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure			
Enter Grand Total of Expendit	uros on Paga 1. Pa	uport Cover Page Ttom D	1				PAGE TOTAL	
Enter Grand Total of Expendit	ures on Page 1, Ke	port Cover Page, Item D	•			\$	11,717.31	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	1		Reportir	ng Period				
MONTGOMERY CO DEM COM			From:			То:		4/24/2000
					DATE			Outstanding Balance of Debt
Name of Creditor STAPLES				мо	DAY	YEAR		
Mailing Address PO BOX 2979				4	24	2000	\$	1,769.63
City OMAHA	State NE	Zip Code (Pl 68103	us 4)	· ·	otion of Del		•	
Enter Grand Total of Unpaid De	bts on Page	1, Report Cover Pa	ge, Item	G.			\$	PAGE TOTAL 1,769.63