### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | <b>on</b> 920                 | 0339        |                      |           |        | ported E |        | CANI            | DIE   | DATE    |             | СОМ             | 1ITTEE             | <b>✓</b>       | LOB                 | BYIST  |           |          |
|--|-------------------------------|-------------|----------------------|-----------|--------|----------|--------|-----------------|-------|---------|-------------|-----------------|--------------------|----------------|---------------------|--------|-----------|----------|
| Name of Filing C                         | ommittee, Candi               | date or L   | obbyist:             |           | HUC    | SHE:     | S, VIN | NCENT           | СІТ   | TIZEN:  | S FO        | R               |                    | _              |                     |        |           |          |
| Street Address:                          | 4601 MARKE                    | T ST. 19    | ST FLR               |           |        |          |        |                 |       |         |             |                 |                    |                |                     |        |           |          |
| City:                                    | PHILADELPH                    | IA          |                      |           |        |          |        | State:          |       | PA      |             |                 | Zip Cod            | le: 19         | 139                 |        |           |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY    | 1.          | 2ND FRIDA<br>PRIMARY | AY PRE    | -      | 2.       | 30 DA  |                 | P     | OST-    | 3. <b>X</b> |                 | AMENDM<br>REPORT?  |                | Yes                 | N      | 0         | <b>\</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION   | 4.          | 2ND FRIDA            | AY PRE    | E-     | 5.       | 30 DA  |                 | P     | OST-    | 6.          |                 | TERMINA<br>REPORT? |                | Yes                 | N      | 0         | <b>√</b> |
| report type)                             | ANNUAL REPOR                  | <b>T</b> 7. | <b>Year</b> 2000     | )         |        |          |        | NG MET<br>CHECK |       | _       |             |                 | PAPER              |                | <b>√</b>            | DISK   | ETTE      |          |
| Name of Office S                         | ought by Candid               | ate:        | -                    |           |        |          |        | DATE            | OI    | F ELE   | СТІС        | N               | District<br>Number | Office<br>Code | Par                 | ty Cod | Code      |          |
| SENATOR IN TH                            | HE GENERAL AS:                | SEMBLY      |                      |           |        |          |        | МО              |       | DAY     |             | AR              |                    | STS            | DEI                 | 1      | 51        |          |
|  |                               |             | la av                | lv= -     |        | <u> </u> |        |                 | 11    |         | 7           | 2000            |                    | (SEE INS       |                     |        |           | )        |
| Summary of Expenditures                  |                               | МО          | DAY                  | YEAR      | 1      | <b> </b> | 0      | МО              | 4     | DAY     | <b>Y</b> I  | <b>EAR</b> 2000 | FO                 | R OFFIC        | E USE               | ONLY   |           |          |
| A. Amount Bro                            | ught Forward Fro              | om Last R   |                      | -         |        | _        |        |                 |       |         |             | 736.83          |                    |                |                     |        |           |          |
|  | ary Contributions             |             | -                    | n Sche    | dule   | : I)     | \$     |                 |       |         |             | 900.00          |                    |                |                     |        |           |          |
| C. Total Funds                           | Available (Sum (              | Of Lines A  | and B)               |           |        |          | \$     |                 |       |         | 31,6        | 536.83          |                    |                |                     |        |           |          |
| D. Total Expend                          | ditures (From Sc              | hedule II   | I)                   |           |        |          | \$     |                 |       |         | 7,6         | 17.66           |                    |                |                     |        |           |          |
| E. Ending Cash                           | Balance (Subtra               | ct Line D   | From Line            | C)        |        |          | \$     |                 |       |         | 24,0        | 19.17           |                    |                |                     |        |           |          |
| F. Value Of In-                          | Kind Contribution             | ns Receiv   | ed (From S           | Schedu    | le II  | ()       | \$     |                 | 0.00  |         |             |                 |                    |                |                     |        |           |          |
| G. Unpaid Debt                           | s And Obligation              | s (From     | Schedule I           | V)        |        |          | \$     |                 |       |         |             | 0.00            |                    | ,              |                     |        |           |          |
|  |                               |             |                      | AFF       | IDA    | ٩VI      | T SE   | CTIO            | N     |         |             |                 |                    |                |                     |        |           |          |
| PART I - If this is                      | a Committee re                | port, trea  | surer sign           | here.     | If th  | is is    | a Car  | ndidate         | re    | port, c | andi        | date sig        | ın here.           |                |                     |        |           |          |
| I swear (or affirm) correct and comple   | that this report, in<br>ete.  | cluding th  | e attached s         | chedule   | s file | d on     | paper  | or by ele       | ectr  | onic m  | edium       | , are to t      | he best o          | f my knov      | vledge              | and be | lief , tr | ue       |
| Sworn to and subs                        | cribed before me th<br>day of | nis         | 20                   |           |        |          |        |                 | -     |         | 5           | Signature       | of Perso           | 1 Submitt      | ing Re <sub>l</sub> | ort    |           | _        |
|  | Signat                        | :ure        |                      |           |        |          | -<br>- |                 | -     |         |             |                 | Prin               | ted Name       |                     |        |           | _        |
| My Commission Ex                         | rpires                        |             |                      |           |        |          | _      |                 | -     |         |             |                 | Emai               | il             |                     |        |           |          |
|  | МО                            | D           | AY                   | YR        |        |          |        |                 |       | Are     | ea Cod      | le              | Daytim             | e Teleph       | one Nu              | mber   |           |          |
| Part II- If this is                      | a report of a ca              | ndidate's   | authorized           | Comn      | nitte  | e, C     | andid  | ate sha         | ıll s | ign he  | ere.        |                 |                    |                |                     |        |           |          |
| I swear (or affirm)<br>No 320) as amende |                               | my knowl    | edge and be          | lief this | poli   | tical    | comm   | ittee has       | s no  | t viola | ted an      | y provis        | ions of the        | e act of Ju    | ine 3,1             | 937 (P | L. 133    | з,       |
| Sworn to and subsc                       |                               | s           | 20                   |           |        |          |        |                 |       |         |             | s               | ignature o         | of Candida     | ite                 |        |           | _        |
|  | day of                        |             |                      |           |        |          | _      |                 |       |         |             |                 | Printe             | d Name         |                     |        |           | -        |
| My Commission Exp                        | Signature                     | •           |                      |           |        |          | -      |                 | -     |         |             |                 | Ema                | il             |                     |        |           | -        |
| , commission Exp                         |                               |             |                      |           |        |          | _      |                 |       |         |             |                 |                    |                |                     |        |           | _        |
|  | МО                            | D           | AY                   | YR        | ł      |          |        |                 |       | Area    | Code        |                 | Da                 | ytime Te       | elephor             | e Num  | ber       |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |     |           |
|--|------------------|-----|-----------|
| HUGHES, VINCENT CITIZENS FOR   | From:            | To: | 4/24/2000 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |     |           |
| TOTAL for the Reporting  | Period (1)       | \$  | 50.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |                  |     |           |
| Contributions Received From Political Committees (Part A)  |                  | \$  | 500.00    |
| All Other Contributions (Part B)   |                  | \$  | 350.00    |
| TOTAL for the Reporting  | Period (2)       | \$  | 850.00    |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |                  |     |           |
| Contributions Received From Political Committees (Part C)  |                  | \$  | 10,500.00 |
| All Other Contributions (Part D)   |                  | \$  | 8,500.00  |
| TOTAL for the Reporting  | Period (3)       | \$  | 19,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                  |     |           |
| TOTAL for the Reporting  | Period (4)       | \$  | 0.00      |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |                  | \$  | 19,900.00 |

#### **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 Candidate                           | Name of Filing Committee or Candidate |                   |       |      |      |    |           |
|---|---------------------------------------|-------------------|-------|------|------|----|-----------|
| HUGHES, VINCENT CITIZENS FOR                                    |                                       |                   | From: |      | To   | :  | 4/24/2000 |
|   |                                       | I                 |       | DATE |      |    | AMOUNT    |
| Full Name of Contributing Committee TROOPER ASSOCIATION PAC TAP |                                       |                   | МО    | DAY  | YEAR |    |           |
| Mailing Address 3625 VARTAN WA                                  | ΑΥ                                    |                   | 3     | 22   | 2000 | \$ | 250.00    |
| City HARRISBURG   | State                                 | Zip Code (Plus 4) |       |      |      |    |           |
|   | PA                                    | 17110             |       |      |      |    |           |
| Full Name of Contributing Committee PA ORTHOPAEDIC SOCIETY PAC  |                                       |                   | МО    | DAY  | YEAR |    |           |
| Mailing Address 777 E PARK DR 1                                 | O BOX 8820                            |                   | 2     | 11   | 2000 | \$ | 250.00    |
| City HARRISBURG   | State                                 | Zip Code (Plus 4) |       |      |      |    |           |
|   | PA                                    | 171058820         |       |      |      |    |           |

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

**PAGE TOTAL \$**500.00

### 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)

| Name of Filing Committee or Candidate |                              |                   | Rep | orting P | eriod |      |            |           |
|---------------------------------------|------------------------------|-------------------|-----|----------|-------|------|------------|-----------|
| HUGHES, VINCENT CITIZENS FOR          | HUGHES, VINCENT CITIZENS FOR |                   |     | m:       |       | To   | <b>)</b> : | 4/24/2000 |
|                                       |                              | •                 |     |          | DATE  |      |            | AMOUNT    |
| Full Name of Contributor              |                              |                   |     | мо       | DAY   | YEAR |            |           |
| BARBARA L YOUNG                       |                              |                   |     |          |       |      |            |           |
| Mailing Address 645 SUSSEX RD         |                              |                   |     |          |       |      | \$         | 100.00    |
| City WYNNEWOOD                        | State                        | Zip Code (Plus 4) | )   | 3        | 20    | 2000 |            |           |
|                                       | PA                           | 19096             |     |          |       |      |            |           |
| Full Name of Contributor              |                              |                   |     | мо       | DAY   | YEAR |            |           |
| JAMES T WILSON                        |                              |                   |     |          |       |      |            |           |
| Mailing Address 2647 DAPHNE RD        |                              |                   |     |          |       |      | \$         | 250.00    |
| City PHILA                            | State                        | Zip Code (Plus 4) | )   | 3        | 20    | 2000 |            |           |
|                                       | PA                           | 19131             |     |          |       |      |            |           |

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

**PAGE TOTAL \$** 350.00

#### **PART C**

### **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.

| Name of Filing Committee or Candidate | nme of Filing Committee or Candidate Re |          |            | orting Period |     |      |                    |  |  |
|---------------------------------------|---|----------|------------|---------------|-----|------|--------------------|--|--|
| HUGHES, VINCENT CITIZENS FOR          |   |          | From:      |               |     | То:  | 4/24/2000          |  |  |
|                                       |   |          |            | DA            | TE  |      | AMOUNT             |  |  |
| Full Name of Contributing Committee   |   |          |            | мо            | DAY | YEAR |                    |  |  |
| U B OF C & J OF A METROPOLITAN CAR    | PENTER                                  |          |            |               |     |      | <b>\$</b> 500.00   |  |  |
| Mailing Address 1803 SPRING GARDE     | EN ST                                   |          |            | 3             | 9   | 2000 |                    |  |  |
| City PHILA                            | State                                   | Zip Code | e (Plus 4) |               |     |      |                    |  |  |
|                                       | PA                                      | 19130    |            |               |     |      |                    |  |  |
| Full Name of Contributing Committee   |   |          |            | МО            | DAY | VEAD |                    |  |  |
| AFSCMIE AFL CIO COUNCIL 13            |   |          |            | МО            | DAY | YEAR | <b>\$</b> 1,000.00 |  |  |
| Mailing Address 4031 EXECUTIVE PA     | RK DRIVE                                |          |            | 3             | 14  | 2000 | 1,000.00           |  |  |
| City HBG                              | State                                   | Zip Code | e (Plus 4) | 3             | 14  | 2000 |                    |  |  |
|                                       | PA                                      | 171111   | 599        |               |     |      |                    |  |  |
| Full Name of Contributing Committee   | ļ.                                      |          |            |               |     |      |                    |  |  |
| LOCAL 98 IBEW COMMITTEE ON POLITI     | CAL EDUCATION                           |          |            | МО            | DAY | YEAR | <b>\$</b> 500.00   |  |  |
| Mailing Address 1719 SPRING GARDE     | EN ST                                   |          |            | 2             | 22  | 2000 | 300.00             |  |  |
| City PHILA                            | State                                   | Zip Code | e (Plus 4) | 3             | 23  | 2000 |                    |  |  |
|                                       | PA                                      | 19130    |            |               |     |      |                    |  |  |
| Full Name of Contributing Committee   | <u>'</u>                                |          |            |               |     |      |                    |  |  |
| PA ASSOCIATION OF REALTORS            |   |          |            | МО            | DAY | YEAR | <b>\$</b> 500.00   |  |  |
| Mailing Address 4501 CHAMBERS HIL     | L ROAD                                  |          |            | 3             | 13  | 2000 | 300.00             |  |  |
| City HBG                              | State                                   | Zip Code | e (Plus 4) | 3             | 13  | 2000 |                    |  |  |
|                                       | PA                                      | 17111    |            |               |     |      |                    |  |  |
| Full Name of Contributing Committee   |   |          |            | МО            | DAY | YEAR |                    |  |  |
| LABORERS DISTRICT COUNCIL PAC         |   |          |            | 1-10          | DAI | ILAK | <b>\$</b> 1,000.00 |  |  |
| Mailing Address 665 N BROAD ST 3R     | D FLOOR                                 |          |            | 3             | 17  | 2000 | ,                  |  |  |
| City PHILA                            | State                                   | Zip Code | e (Plus 4) |               | -   | 2000 |                    |  |  |
|                                       | PA                                      | 191232   | 418        |               |     |      |                    |  |  |
| Full Name of Contributing Committee   |   |          |            | МО            | DAY | YEAR |                    |  |  |
| PFT COMMITTEE TO SUPPORT PUBLIC E     | В                                       |          |            | 140           | DAT | ILAK | <b>\$</b> 1,000.00 |  |  |
| Mailing Address 1816 CHESTNUT ST      |   |          |            | 3             | 10  | 2000 | ,                  |  |  |
| City PHILA                            | State                                   | Zip Code | e (Plus 4) |               |     | 2000 |                    |  |  |
|                                       | PA                                      | 19103    |            |               |     |      |                    |  |  |

|                  |                      |           |                   |       |     |  | PAGE 6                                  |
|------------------|----------------------|-----------|-------------------|-------|-----|--|---|
| Full Name of Co  | ntributing Committee |           |                   | мо    | DAY | YEAR   |   |
| 1776 PAC         |                      |           |                   |       |     |  | \$ 1,000.00                             |
| Mailing Address  | 3031 WALTON RD S     | TE 201    |                   | 3     | 15  | 2000   | , |
| City NORRIST     | ΓΟWN                 | State     | Zip Code (Plus 4) | ]     |     | 2000   |   |
|                  |                      | PA        | 19401             |       |     |  |   |
| - ""             |                      | <u> </u>  |                   |       |     | <u>.                                      </u>   | <u>'</u><br>I                           |
|                  | ntributing Committee |           |                   | МО    | DAY | YEAR   |   |
| LAW PAC          |                      |           |                   |       |     |  | \$ 2,000.00                             |
| Mailing Address  | 800 NORTH THIRD S    | T         | <u></u>           | 3     | 16  | 2000   |   |
| City HBG         |                      | State     | Zip Code (Plus 4) |       |     |  |   |
|                  |                      | PA        | 17102             |       |     |  |   |
| Full Name of Cor | ntributing Committee |           |                   | МО    | DAY | YEAR   |   |
| BLANK ROME CO    | OMISKY & MCCAULEY PA | AC        |                   | MO    | DAI | LAK  | <b>\$</b> 500.00                        |
| Mailing Address  | ONE LOGAN SQUARI     | =         |                   | ,     | 20  | 2000   | ]                                       |
| City PHILA       |                      | State     | Zip Code (Plus 4) | 3     | 28  | 2000   |   |
|                  |                      | PA        | 191036998         |       |     |  |   |
| - ""             |                      |           |                   |       |     | <u> </u>   | <u>'</u><br>I                           |
|                  | ntributing Committee |           |                   | МО    | DAY | YEAR   |   |
|                  | VORKERS LOCAL 19     | 21.10     |                   |       |     |  | \$ 500.00                               |
| Mailing Address  | 1301 S COLUMBUS I    |           | T                 | 4     | 10  | 2000   |   |
| City PHILA       |                      | State     | Zip Code (Plus 4) |       |     |  |   |
|                  |                      | PA        | 19147             |       |     |  |   |
| Full Name of Cor | ntributing Committee |           |                   | МО    | DAY | YEAR   |   |
| PA PACE          |                      |           |                   | 140   | DAI | ILAK   | <b>\$</b> 1,000.00                      |
| Mailing Address  | 400 N 3RD ST         |           |                   | 4     | 4   | 2000   | _,                                      |
| City HBG         |                      | State     | Zip Code (Plus 4) | 1 "   |     | 2000   |   |
|                  |                      | PA        | 17105             |       |     |  |   |
| Eull Name of Co. | ntributing Committee | <u> </u>  | <u> </u>          | ·<br> |     | <u> </u>   | <u> </u>                                |
| BLUE PAC         | ntributing Committee |           |                   | МО    | DAY | YEAR   |   |
| Mailing Address  | P O BOX 60710        |           |                   |       |     |  | <b>\$</b> 500.00                        |
|                  | 1 0 000 00710        | State     | Zin Code (Blue () | 4     | 14  | 2000   |   |
| City HBG         |                      | State     | Zip Code (Plus 4) |       |     |  |   |
|                  |                      | PA        | 171060710         |       |     |  |   |
| Full Name of Co  | ntributing Committee |           |                   | МО    | DAY | YEAR   |   |
| G P C C PENN P   | AC                   |           |                   |       |     |  | <b>\$</b> 500.00                        |
| Mailing Address  | 1234 MARKET ST SU    | JITE 1800 |                   | 3     | 21  | 2000   |   |
| City PHILA       |                      | State     | Zip Code (Plus 4) | ]     |     |  |   |
|                  |                      | PA        | 19107             |       |     |  |   |
|                  |                      |           | 1                 | •     | •   | <del>`                                    </del> | •                                       |

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

**PAGE TOTAL**\$ 10,500.00

### 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  |   |  | Repo | eporting Period |                   |                |  |  |  |
|--|---|--|------|-----------------|-------------------|----------------|--|--|--|
| HUGHES, VINCENT CITIZENS FOR   |   |  | Fron | n:              |                   | То             | : <u>4/24/2000</u>   |  |  |
|  |   |  |      | DA              | ATE               |                | AMOUNT   |  |  |
| Full Name of Contributor   |   |  |      | мо              | DAY               | VEAD           |  |  |  |
| LOMAX PARTNERSHIP  |   |  |      | МО              | DAY               | YEAR           | \$ 500.00  |  |  |
| Mailing Address BOX 24   |   |  |      | 3               | 22                | 2000           | 7  |  |  |
| City HILLTOWN  | State   | Zip Code (Plu  | s 4) |                 | 22                | 2000           |  |  |  |
|  | PA  | 18927  |      |                 |                   |                |  |  |  |
| Employer Name  |   |  |      | Occupat         | ion ,             | ATTORN         | IEY  |  |  |
| Employer Mailing Address/Principal Place of Business City  |   |  |      |                 | State             |                | Zip Code (Plus 4)  |  |  |
| Full Name of Contributor   |   |  |      | мо              | DAY               | YEAR           | \$ 500.00  |  |  |
| LOUIS STARKMAN  Mailing Address 3937 CHESTNUT ST   | DEET  |  |      |                 |                   |                | -  |  |  |
| Mailing Address 3937 CHESTNUT ST  City PHILADELPHIA  | State   | Zip Code (Plu  | : 4\ | 3               | 10                | 2000           |  |  |  |
| City PHILADELPHIA  | PA  | 19104  | , -, |                 |                   |                |  |  |  |
| Employer Name UNIVERSITY CITY HO   | · · · · ·   | 19104  |      | Occupat         | ion               | REALTO         | <u> </u>   |  |  |
|  |   |  |      | Occupat         | 1                 | REALTO         |  |  |  |
| Employer Mailing Address/Principal Place of Business City  |   |  |      |                 |                   |                |  |  |  |
|  | e of Business                                       | '  |      |                 | State             |                | Zip Code (Plus 4)  |  |  |
| 3418 SANSOM ST   | e of Business                                       | City<br>PHILA  |      |                 | State             |                | 19104  |  |  |
| 3418 SANSOM ST  Full Name of Contributor   | e of Business                                       | '  |      | мо              | State             | YEAR           |  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT   |   | '  |      | МО              |                   | YEAR           | 19104  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S  | GQUARE  | PHILA  | -4)  | мо              |                   | YEAR           | 19104  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT   | GQUARE<br>State                                     | PHILA  Zip Code (Plus                                  | s 4) | МО              |                   | YEAR           | 19104  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT  Mailing Address 3000 TWO LOGAN S  City PHILA   | SQUARE<br>State                                     | PHILA  | s 4) |                 | DAY               |                | \$ 500.00  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT  Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL  | SQUARE State PA                                     | Zip Code (Plus   | s 4) | MO<br>Occupat   | DAY               | YEAR           | \$ 500.00  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT  Mailing Address 3000 TWO LOGAN S  City PHILA  Employer Name PEPPER HAMILTON LL  Employer Mailing Address/Principal Place   | SQUARE State PA P se of Business                    | Zip Code (Plus<br>19103                                | s 4) |                 | DAY               |                | \$ 500.00  EY  Zip Code (Plus 4)                             |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT  Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL  | SQUARE State PA P se of Business                    | Zip Code (Plus   | s 4) |                 | DAY               |                | \$ 500.00  |  |  |
| 3418 SANSOM ST  Full Name of Contributor A MICHAEL PRATT  Mailing Address 3000 TWO LOGAN S  City PHILA  Employer Name PEPPER HAMILTON LL  Employer Mailing Address/Principal Place   | SQUARE State PA P se of Business                    | Zip Code (Plus<br>19103                                | s 4) |                 | DAY               | ATTORN         | \$ 500.00   EY   Zip Code (Plus 4)   19103                   |  |  |
| Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL Employer Mailing Address/Principal Place 3000 TWO LOGAN SQUARE18TH & ARC  Full Name of Contributor NEAL SAFERSTEIN  | SQUARE State PA P ce of Business H ST               | Zip Code (Plus<br>19103                                | s 4) | Occupat         | DAY ion State     |                | \$ 500.00  EY  Zip Code (Plus 4)                             |  |  |
| Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL Employer Mailing Address/Principal Plac 3000 TWO LOGAN SQUARE18TH & ARC  Full Name of Contributor NEAL SAFERSTEIN Mailing Address 20 N 3RD ST SUITE   | SQUARE State PA P se of Business H ST               | Zip Code (Plus<br>19103  City PHILA                    |      | Occupat         | DAY ion State     | ATTORN         | \$ 500.00<br>EY<br>Zip Code (Plus 4)<br>19103<br>\$ 1,000.00 |  |  |
| Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL Employer Mailing Address/Principal Place 3000 TWO LOGAN SQUARE18TH & ARC  Full Name of Contributor NEAL SAFERSTEIN  | SQUARE State PA P ce of Business H ST               | Zip Code (Plus<br>19103                                |      | Occupat         | DAY  ion State    | ATTORN<br>YEAR | \$ 500.00<br>EY<br>Zip Code (Plus 4)<br>19103<br>\$ 1,000.00 |  |  |
| Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL Employer Mailing Address/Principal Plac 3000 TWO LOGAN SQUARE18TH & ARC  Full Name of Contributor NEAL SAFERSTEIN Mailing Address 20 N 3RD ST SUITE City PHILA                                | SQUARE State PA P se of Business H ST               | Zip Code (Plus<br>19103  City PHILA                    |      | MO 3            | DAY State  DAY 23 | ATTORN<br>YEAR | \$ 500.00<br>EY<br>Zip Code (Plus 4)<br>19103<br>\$ 1,000.00 |  |  |
| Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL Employer Mailing Address/Principal Plac 3000 TWO LOGAN SQUARE18TH & ARC  Full Name of Contributor NEAL SAFERSTEIN Mailing Address 20 N 3RD ST SUITE City PHILA  Employer Name GO INTERNET NET | SQUARE State PA P Se of Business H ST  400 State PA | Zip Code (Plus 19103  City PHILA  Zip Code (Plus 19106 |      | Occupat         | DAY State  DAY 23 | ATTORN<br>YEAR | \$ 500.00  EY  Zip Code (Plus 4) 19103  \$ 1,000.00          |  |  |
| Full Name of Contributor A MICHAEL PRATT Mailing Address 3000 TWO LOGAN S City PHILA  Employer Name PEPPER HAMILTON LL Employer Mailing Address/Principal Place 3000 TWO LOGAN SQUARE18TH & ARC  Full Name of Contributor NEAL SAFERSTEIN Mailing Address 20 N 3RD ST SUITE City PHILA                               | SQUARE State PA P Se of Business H ST  400 State PA | Zip Code (Plus 19103  City PHILA  Zip Code (Plus       |      | MO 3            | DAY State  DAY 23 | YEAR 2000      | \$ 500.00  EY  Zip Code (Plus 4) 19103  \$ 1,000.00          |  |  |

| Full Name of Contributor   |   |                                     | мо       | DAY               | YEAR     | <b> </b>                 | 500.00                   |
|--|---|-------------------------------------|----------|-------------------|----------|--------------------------|--------------------------|
| WILLIAM L WILSON   |   |                                     |          |                   |          | _  *                     | 300.00                   |
| Mailing Address 7611 ST MARTINS L  |   |                                     | 3        | 23                | 2000     |                          |                          |
| City PHILA   | State   | Zip Code (Plus 4)                   |          |                   |          |                          |                          |
|  | PA I  | 19118                               |          |                   |          | l                        |                          |
| Employer Name SYNTERRA LTD   |   |                                     | Occupat  | ion               | ARCHIT   | ECT                      |                          |
| Employer Mailing Address/Principal Plac  | e of Business                                   | City                                |          | State             |          | Zip Code                 | (Plus 4)                 |
| 628 W RITTENHOUSE ST   |   | PHILA                               |          |                   |          | 19144                    |                          |
| Full Name of Contributor   |   |                                     | мо       | DAY               | VEAD     |                          |                          |
| JOHN J FUMOSA  |   |                                     | MO       | DAT               | YEAR     | \$                       | 1,000.00                 |
| Mailing Address 1800 JFK BLVD SUI  | TE 1200   |                                     | 3        | 21                | 2000     | 1                        |                          |
| City PHILA   | State   | Zip Code (Plus 4)                   |          |                   | 2000     |                          |                          |
|  | PA  | 19103                               |          |                   |          | 1                        |                          |
| Employer Name TURNER CONSTRUCTI  | ON CO   |                                     | Occupat  | ion               | VICE PR  | ES GENER                 | AL MANAGER               |
| Employer Mailing Address/Principal Plac  | e of Business                                   | City                                |          | State             |          | Zip Code                 | (Plus 4)                 |
| 1800 JFK BLVD SUITE 1200   |   | PHILA                               |          | PA                |          | 19103                    |                          |
| Full Name of Contributor   |   |                                     |          |                   |          |                          |                          |
| DIANE AND STEVE BARR   |   |                                     | МО       | DAY               | YEAR     | \$                       | 1,000.00                 |
| Mailing Address 118 POSSUM HOLLO   | DW ROAD   |                                     |          |                   |          | 1                        |                          |
| City WALLINGFORD   | State   | Zip Code (Plus 4)                   | 3        | 20                | 2000     |                          |                          |
|  | PA  | 19086                               |          |                   |          |                          |                          |
| Employer Name KEYSTONE QUALITY T   |   |                                     | Occupat  | ion               | OWNER    |                          |                          |
| Employer Mailing Address/Principal Place   |   | City                                | <u>'</u> | State             |          | Zip Code                 | (Plus 4)                 |
| 340 46 W BALTIMORE PIKE  |   | MEDIA                               |          | PA                |          | 19063                    | ,                        |
| Full Name of Contributor   |   | 1                                   |          | 1                 |          | 1                        |                          |
| ROBERT W PRIBELLA P E  |   |                                     | МО       | DAY               | YEAR     | \$                       | 500.00                   |
| Mailing Address 421 CHESTNUT ST  |   |                                     |          |                   |          | 4                        |                          |
| City PHILA   | State   | Zip Code (Plus 4)                   | 3        | 23                | 2000     |                          |                          |
| - The thirt  |   | 19106                               |          |                   |          |                          |                          |
| Employer Name SEVERDRUP CIVIL INC  | -   | 19100                               | Occupat  | ion               |          | NGINEER                  |                          |
| Employer Mailing Address/Principal Plac  |   | City                                | Госсири  | State             | CIVIL LI | Zip Code                 | (Plus 4)                 |
| 421 CHESTNUT ST  | e or business                                   | PHILA                               |          | PA                |          | 19106                    | (1 lus 4)                |
|  |   | FILLA                               |          | IFA               |          | T 19100                  |                          |
| Full Name of Contributor   |   |                                     | мо       | DAY               | YEAR     | <b> </b>                 | 500.00                   |
| LEIGH M SKIPPER  |   |                                     |          |                   |          |                          |                          |
| Mailing Address 716 W CHELTEN AV  City PHILA   | г т   |                                     | 3        | 17                | 2000     |                          |                          |
| CILY PHILA   |   | 7in Codo (Dluc 4)                   |          |                   | ı        |                          |                          |
|  |   | Zip Code (Plus 4)                   |          | -,                |          |                          |                          |
|  | PA  | <b>Zip Code (Plus 4)</b> 19126      |          |                   | ATTORN   |                          |                          |
| Employer Name DEFENDERS ASSOC O  | PA PHILA  | 19126                               | Occupat  | tion ,            | ATTORN   |                          | (Plus 4)                 |
| Employer Name DEFENDERS ASSOC O Employer Mailing Address/Principal Place   | PA PHILA  | 19126 City                          |          | State             | ATTORN   | Zip Code                 | (Plus 4)                 |
| Employer Name DEFENDERS ASSOC O  | PA PHILA  | 19126                               |          | tion ,            | ATTORN   |                          | (Plus 4)                 |
| Employer Name DEFENDERS ASSOC O Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor   | PA PHILA  | 19126 City                          |          | State             | ATTORN   | <b>Zip Code</b><br>19106 |                          |
| Employer Name DEFENDERS ASSOC O Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor DOUGLAS H CRANMER   | PA PHILA  | 19126 City                          | Occupat  | State PA          |          | Zip Code                 | ( <b>Plus 4</b> ) 500.00 |
| Employer Name DEFENDERS ASSOC OF Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor DOUGLAS H CRANMER  Mailing Address 267 DREXEL AVE              | PA  F PHILA  e of Business                      | 19126  City PHILA                   | Occupat  | State PA          |          | <b>Zip Code</b><br>19106 |                          |
| Employer Name DEFENDERS ASSOC O Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor DOUGLAS H CRANMER   | PA PF PHILA Pe of Business  State               | City PHILA  Zip Code (Plus 4)       | Occupat  | State PA DAY      | YEAR     | <b>Zip Code</b><br>19106 |                          |
| Employer Name DEFENDERS ASSOC O Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor DOUGLAS H CRANMER Mailing Address 267 DREXEL AVE City LANSDOWNE | PA  PF PHILA  Pe of Business  State  PA         | 19126  City PHILA                   | MO 3     | State PA  DAY  23 | YEAR     | <b>Zip Code</b><br>19106 |                          |
| Employer Name DEFENDERS ASSOC OF Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor DOUGLAS H CRANMER  Mailing Address 267 DREXEL AVE              | PA  PF PHILA  Pe of Business  State  PA         | City PHILA  Zip Code (Plus 4) 19050 | Occupat  | State PA  DAY  23 | YEAR     | <b>Zip Code</b> 19106    | 500.00                   |
| Employer Name DEFENDERS ASSOC O Employer Mailing Address/Principal Place 437 CHESTNUT ST SUITE 800  Full Name of Contributor DOUGLAS H CRANMER Mailing Address 267 DREXEL AVE City LANSDOWNE | PA  F PHILA  e of Business  State  PA  RANSPORT | City PHILA  Zip Code (Plus 4)       | MO 3     | State PA  DAY  23 | YEAR     | <b>Zip Code</b><br>19106 | 500.00                   |

|  |                                    |     |                     | _           |                     |                        | _                 |                       |  |  |
|--|------------------------------------|-----|---------------------|-------------|---------------------|------------------------|-------------------|-----------------------|--|--|
| Full Name of Contributor   |                                    |     |                     | мо          | DAY                 | YEAR                   | \$                | 500.00                |  |  |
| BEVERLY A HARPER   |                                    |     |                     |             |                     |                        | ] *               | 300.00                |  |  |
| Mailing Address 510 WALNUT ST  |                                    |     |                     | 3           | 23                  | 2000                   | 1                 |                       |  |  |
| City PHILA   | State                              | Zip | Code (Plus 4)       |             |                     |                        |                   |                       |  |  |
|  | PA                                 | 19: | 106                 |             |                     |                        |                   |                       |  |  |
| Employer Name PORTFOLIO ASSOCIA  | TION INC                           |     |                     | Occupat     | ion (               | CONSUL                 | TANT              |                       |  |  |
| Employer Mailing Address/Principal Plac  | ce of Business                     |     | City                | State Zip C |                     |                        | Zip Coc           | (ip Code (Plus 4)     |  |  |
| 510 WALNUT ST  |                                    |     | PHILA               |             | PA                  |                        | 19106             |                       |  |  |
| Full Name of Contributor   |                                    |     |                     |             |                     |                        |                   |                       |  |  |
| BERNARD W SMALLEY  |                                    |     |                     | МО          | DAY                 | YEAR                   | \$                | 500.00                |  |  |
| Mailing Address 2324 BRYN MAWR   | AVE                                |     |                     | 3           | 23                  | 2000                   | 7                 |                       |  |  |
| City PHILA   | State                              | Zip | Code (Plus 4)       | ] 3         | 23                  | 2000                   |                   |                       |  |  |
|  | PA                                 | 19: | 131                 |             |                     |                        |                   |                       |  |  |
| Employer Name  |                                    |     |                     | Occupat     | ion                 | ATTORN                 | IEY               |                       |  |  |
| Employer Mailing Address/Principal Plac  | ce of Business                     |     | City                | State       |                     |                        | Zip Code (Plus 4) |                       |  |  |
|  |                                    |     |                     |             |                     |                        |                   |                       |  |  |
|  |                                    |     |                     |             |                     |                        |                   |                       |  |  |
| Full Name of Contributor   |                                    |     |                     |             |                     |                        |                   |                       |  |  |
| Full Name of Contributor SUSAN B EVANS   |                                    |     |                     | мо          | DAY                 | YEAR                   | \$                | 500.00                |  |  |
|  |                                    |     |                     |             |                     |                        | +                 | 500.00                |  |  |
| SUSAN B EVANS  | State                              | Zip | Code (Plus 4)       | <b>MO</b> 3 | <b>DAY</b> 23       | <b>YEAR</b> 2000       | +                 | 500.00                |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  | State<br>PA                        | 1 - | Code (Plus 4)       |             |                     |                        | +                 | 500.00                |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  |                                    | 1 - | • •                 |             | 23                  |                        |                   | 500.00                |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  | PA                                 | 1 - | • •                 | - 3         | 23                  | 2000                   | IEY               | 500.00<br>le (Plus 4) |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED   | PA                                 | 1 - | 103                 | - 3         | 23                  | 2000                   | IEY               |                       |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED   | PA                                 | 1 - | 103                 | 3 Occupat   | 23                  | 2000<br>ATTORN         | IEY Zip Cod       | le (Plus 4)           |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place   | PA                                 | 1 - | 103                 | - 3         | 23                  | 2000                   | IEY               |                       |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place  Full Name of Contributor   | PA<br>ce of Business               | 1 - | 103                 | Occupat     | 23 ion , State      | 2000<br>ATTORN<br>YEAR | Zip Cod           | le (Plus 4)           |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place  Full Name of Contributor  LESLIE A MILLER  | PA<br>ce of Business               | 19: | 103                 | 3 Occupat   | 23                  | 2000<br>ATTORN         | Zip Cod           | le (Plus 4)           |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place  Full Name of Contributor  LESLIE A MILLER  Mailing Address 1111 BARBERRY RO  | PA  De of Business  DAD            | 19: | City                | Occupat     | 23 ion , State      | 2000<br>ATTORN<br>YEAR | Zip Cod           | le (Plus 4)           |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place  Full Name of Contributor  LESLIE A MILLER  Mailing Address 1111 BARBERRY RO  | PA  De of Business  DAD  State  PA | 19: | City  Code (Plus 4) | Occupat     | 23 ion / State  DAY | 2000<br>ATTORN<br>YEAR | Zip Cod           | le (Plus 4)           |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place  Full Name of Contributor  LESLIE A MILLER  Mailing Address 1111 BARBERRY RO  City BRYN MAWR                                  | PA  DAD  State PA  MAN P C         | 19: | City  Code (Plus 4) | Occupat     | 23 ion / State  DAY | 2000 ATTORN YEAR 2000  | Zip Cod           | le (Plus 4)           |  |  |
| SUSAN B EVANS  Mailing Address 2043 WALNUT ST  City PHILA  Employer Name SELF EMPLOYED  Employer Mailing Address/Principal Place  Full Name of Contributor  LESLIE A MILLER  Mailing Address 1111 BARBERRY RO  City BRYN MAWR  Employer Name MCKISSOCK & HOFFN | PA  DAD  State PA  MAN P C         | 19: | City  Code (Plus 4) | Occupat     | 23 State  DAY  14   | 2000 ATTORN YEAR 2000  | Zip Cod           | le (Plus 4)<br>500.00 |  |  |

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

**PAGE TOTAL**\$ 8,500.00

## 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  |          |     |      |    |            |
|---------------------------|---------------------------|-----------------|---------|----------|-----|------|----|------------|
|                           |                           |                 | From:   |          |     | To:  |    |            |
|                           |                           | <b>'</b>        |         |          | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                 |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                 |         |          |     |      |    |            |
| City                      | State                     | Zip Code (P     | Plus 4) |          |     |      |    |            |
| Receipt Description       | <b>'</b>                  | 1               |         | <u> </u> |     |      | •  |            |
|                           |                           |                 |         | _        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 4.       |     |      | \$ | 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 |     |                  |
|--|------------------|-----|------------------|
| HUGHES, VINCENT CITIZENS FOR   | From:            | То: | <u>4/24/2000</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |     |                  |
| TOTAL for the Reporting Pe   | eriod (1)        | \$  | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |     |                  |
| 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            | lame of Filing Committee or Candidate |                    |          |          | Reporting Period |             |           |           |  |
|--|---------------------------------------|--------------------|----------|----------|------------------|-------------|-----------|-----------|--|
|  |                                       |                    |          |          |                  | То:         |           |           |  |
|  |                                       |                    |          | DATE     |                  |             | AMOUNT    |           |  |
| Full Name of Contributor                         |                                       |                    | МО       | DAY      | YEAR             |             |           |           |  |
| Mailing Address                                  |                                       |                    |          |          |                  | <b>7</b> \$ |           | 0.00      |  |
| City   | State                                 | Zip Code (Plus 4)  |          |          |                  |             |           |           |  |
| Description of Contribution:                     |                                       | •                  | •        | •        |                  | ·           |           |           |  |
|  |                                       |                    |          |          | _                |             |           |           |  |
| Enter Grand Total of Part F on Schell Section 2. | dule II, In-Kind C                    | Contributions Deta | iled Sum | mary Pag | je,              |             | PAGE TOTA | <b>NL</b> |  |
|  |                                       |                    |          |          |                  | \$          |           | 0.00      |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      | Rep              | Reporting Period |       |              |       |      |                     |      |
|---|------------------|------|------------------|------------------|-------|--------------|-------|------|---------------------|------|
|   |                  |      | Fro              | m:               | То:   |              |       |      |                     |      |
|   |                  |      |                  |                  |       | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |                  | мо    | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |                  |       |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |                  |       |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |                  | Occup | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | V                | State            | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | Contributions De | etaile           | ed    |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | ,                |      |                  |                  |       |              |       |      |                     | 0.00 |

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |     |           |  |  |  |
|---------------------------------------|------------------|-----|-----------|--|--|--|
| HUGHES, VINCENT CITIZENS FOR          | From             | То: | 4/24/2000 |  |  |  |

|                              |                              |                            |                            | DATE                       |          |    | AMOUNT |  |
|------------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------|----|--------|--|
| To Whom Paid                 |                              |                            | мо                         | DAY                        | YEAR     |    |        |  |
| Mailing Address              |                              |                            | 4                          | 3                          | 2000     | \$ | 500.00 |  |
| City                         | City State Zip Code (Plus 4) |                            |                            | Description of Expenditure |          |    |        |  |
|                              |                              |                            | CONTRI                     | BUTIONS                    | INCOM    |    |        |  |
| To Whom Paid                 |                              |                            | МО                         | DAY                        | YEAR     |    |        |  |
| Mailing Address              |                              |                            | 4                          | 3                          | 2000     | \$ | 10.00  |  |
| City                         | State                        | Zip Code (Plus 4)          | Descrip                    | tion of Exp                | enditure |    |        |  |
|                              |                              |                            | BANK S                     | ERVICE CH                  | IARG     |    |        |  |
| To Whom Paid                 |                              |                            | мо                         | DAY                        | YEAR     |    |        |  |
| PERFORMANCE CABLI            |                              |                            |                            |                            |          |    |        |  |
| Mailing Address              |                              |                            | 3                          | 21                         | 2000     | \$ | 150.00 |  |
| City State Zip Code (Plus 4) |                              |                            | Description of Expenditure |                            |          |    |        |  |
|                              |                              |                            | EQUIPM                     | IENT REPA                  | IRS      |    |        |  |
| To Whom Paid                 |                              |                            | мо                         | DAY                        | YEAR     |    |        |  |
| MICHAEL TUCKER               |                              |                            |                            |                            |          |    |        |  |
| Mailing Address              |                              |                            | 3                          | 21                         | 2000     | \$ | 450.00 |  |
| City State Zip Code (Plus 4) |                              | Description of Expenditure |                            |                            |          |    |        |  |
|                              |                              |                            | FUND RAISING EXPENSE       |                            |          |    |        |  |
| To Whom Paid                 |                              |                            | мо                         | DAY                        | YEAR     |    |        |  |
| FIRST BANKCARD CE            |                              |                            |                            |                            |          |    |        |  |
| Mailing Address              |                              |                            | 3                          | 21                         | 2000     | \$ | 525.00 |  |
| City                         | State                        | Zip Code (Plus 4)          | Descrip                    | tion of Exp                | enditure |    |        |  |
|                              |                              |                            | FUND RAISING EXPENSE       |                            |          |    |        |  |
| To Whom Paid                 |                              |                            | мо                         | DAY                        | YEAR     |    |        |  |
| POST MASTER GENERAL          |                              |                            |                            |                            | ILAIN    |    |        |  |
| Mailing Address              |                              |                            | 3                          | 21                         | 2000     | \$ | 54.00  |  |
| City                         | State Zip Code (Plus 4)      |                            | Description of Expenditure |                            |          |    |        |  |
|                              |                              |                            |                            | RENTAL FEE                 |          |    |        |  |

| To Whom Paid                 |       |                   | МО                         | DAY                        | YEAR     |    |          |  |
|------------------------------|-------|-------------------|----------------------------|----------------------------|----------|----|----------|--|
| NELSON MARKETING I           |       |                   | МО                         | DAT                        | TEAR     |    |          |  |
| Mailing Address              |       |                   | 3                          | 28                         | 2000     | \$ | 921.64   |  |
| City State Zip Code (Plus 4) |       |                   | Descript                   | tion of Exp                | enditure |    |          |  |
|                              |       |                   | CAMPAIGN EXPENSE           |                            |          |    |          |  |
| To Whom Paid                 |       |                   | МО                         | DAY                        | YEAR     |    |          |  |
| WILLIE JORDAN                |       |                   | MO                         | DAT                        | TEAR     |    |          |  |
| Mailing Address              |       |                   | 3                          | 29                         | 2000     | \$ | 407.00   |  |
| City                         | State | Zip Code (Plus 4) | Descript                   | escription of Expenditure  |          |    |          |  |
|                              |       |                   | CAMPAI                     | CAMPAIGN EXPENSE           |          |    |          |  |
| To Whom Paid                 |       |                   | NO.                        | DAY                        | VEAD     |    |          |  |
| ADJUTANT SOFTWARE            |       |                   | МО                         | DAY                        | YEAR     |    |          |  |
| Mailing Address              |       |                   | 4                          | 4                          | 2000     | \$ | 100.00   |  |
| City                         | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |    |          |  |
|                              |       |                   | SUPPLIE                    | ĒS                         |          |    |          |  |
| To Whom Paid                 |       | •                 |                            |                            |          |    |          |  |
| INTUIT                       |       |                   | МО                         | DAY                        | YEAR     |    |          |  |
| Mailing Address              |       |                   | 4                          | 4                          | 2000     | \$ | 10.69    |  |
| City                         | State | Zip Code (Plus 4) | Descript                   | Description of Expenditure |          |    |          |  |
| State State (Tas 1)          |       |                   |                            | SUPPLIES                   |          |    |          |  |
| To Whom Paid                 |       |                   |                            |                            |          |    |          |  |
| PA DEMOCRATIC SE             |       |                   | МО                         | DAY                        | YEAR     |    |          |  |
| Mailing Address              |       |                   | 4                          | 4                          | 2000     | \$ | 2,000.00 |  |
| City                         | State | Zip Code (Plus 4) | Description of Expenditure |                            |          |    |          |  |
|                              |       |                   |                            | CONTRIBUTIONS              |          |    |          |  |
| To Whom Paid                 |       | •                 |                            |                            |          |    |          |  |
| WILLIE JORDAN                |       |                   | МО                         | DAY                        | YEAR     |    |          |  |
| Mailing Address              |       |                   | 4                          | 4                          | 2000     | \$ | 1,770.00 |  |
| City                         | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |    |          |  |
|                              |       |                   | CAMPAIGN EXPENSE           |                            |          |    |          |  |
| To Whom Paid                 |       |                   |                            | DAY                        | YEAR     |    |          |  |
| PHILA DEMOCRATIC             |       |                   | МО                         | DAT                        | TEAK     |    |          |  |
| Mailing Address              |       |                   | 4                          | 4                          | 2000     | \$ | 0.00     |  |
| City State Zip Code (Plus 4) |       |                   | Descript                   | tion of Exp                | enditure |    |          |  |
| To Whom Paid                 |       |                   | MC                         | DAY                        | YEAR     |    |          |  |
| COMMITTEE TO ELEC            |       |                   | МО                         | DAT                        | ILAK     |    |          |  |
| Mailing Address              |       |                   | 4                          | 4                          | 2000     | \$ | 400.00   |  |
| City State Zip Code (Plus 4) |       |                   | Descript                   | tion of Exp                | enditure |    |          |  |
|                              |       |                   | CONTRI                     | BUTIONS                    |          |    |          |  |
| City State Zip Code (Plus 4) |       |                   |                            |                            | enditure |    |          |  |

| To Whom Paid  |       |                   | МО                         | DAY         | YEAR     |            |        |  |
|---|-------|-------------------|----------------------------|-------------|----------|------------|--------|--|
| RTA SERVICE COMP  |       |                   | MO                         |             | ILAK     |            |        |  |
| Mailing Address   |       |                   | 4                          | 20          | 2000     | \$         | 179.95 |  |
| City State Zip Code (Plus 4)  |       |                   | Description of Expenditure |             |          |            |        |  |
|   |       |                   | COMPUTER REPAIRS           |             |          |            |        |  |
| To Whom Paid  |       |                   | МО                         | DAY         | YEAR     |            |        |  |
| JEANICE M SALTER  |       |                   | 140                        |             | ILAK     |            |        |  |
| Mailing Address   |       |                   | 4                          | 4           | 2000     | \$         | 75.20  |  |
| City  | State | Zip Code (Plus 4) | Descript                   | tion of Exp | enditure |            |        |  |
|   |       |                   | ACCOU                      | NTING       |          |            |        |  |
| To Whom Paid  |       |                   | МО                         | DAY         | YEAR     |            |        |  |
| INTUIT  |       |                   | 140                        |             | ILAK     |            |        |  |
| Mailing Address   |       |                   | 4                          | 19          | 2000     | \$         | 64.18  |  |
| City  | State | Zip Code (Plus 4) | Descript                   | tion of Exp | enditure |            |        |  |
|   |       |                   | SUPPLIE                    | S           |          |            |        |  |
|   |       |                   |                            |             |          | PAGE TOTAL |        |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |             | \$       | 7,617.66   |        |  |