

LAW OFFICES

OBERMAYER REBMANN MAXWELL & HIPPEL LLP

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PHILADELPHIA, PA 19103-1895

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May 16, 2000

Via Facsimile and Regular Mail
202-219-3923

Jennifer H. Boyt, Esquire
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: MUR - 4993

Dear Ms. Boyt:

We are counsel to Obermayer Rebmann Maxwell & Hippel LLP ("Obermayer"), Thomas Foley ("Foley") and the Foley for Senate Campaign (the "Campaign") in the above-referenced matter. Kindly accept this letter in response to the allegations raised by Phil Berg in his letter to the FEC dated March 31, 2000. Each of the allegations asserted by Mr. Berg in his letter of that date are completely without merit, and should properly be dismissed.

In Mr. Berg's letter of March 31, 2000 he makes the following allegations against Obermayer, Foley and/or the Campaign:

1. Obermayer paid money to Foley for work which was never performed;
2. Obermayer provided office space to Foley and the Campaign and was not compensated therefor;
3. Foley and the Campaign's FEC reports do not indicate disbursements for postage;
4. Foley and the Campaign's FEC reports do not indicate rent disbursements for the Harrisburg and Pittsburgh offices;
5. Foley and the Campaign's FEC reports do not indicate disbursements for telephone usage; and

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

MAY 17 10 08 AM '00

Jennifer H. Boyt, Esquire
May 16, 2000
Page -2-

6. Foley and/or the Campaign did not pay income or social security taxes for their employees, nor Pennsylvania Worker's Compensation fees.

First, any and all compensation paid to Foley by Obermayer was for services performed. As such, a bona fide employment relationship existed by and between Obermayer and Foley, in accord with Federal Election Advisory Opinion Number 1977-68. Moreover, the costs incurred by Obermayer relating to Foley or the Campaign were promptly reimbursed to Obermayer as indicated in the Schedules attached hereto, in accord with Federal Election Commission Advisory Opinion Number 1979-22. Accordingly, the allegation asserted in number 1 above is baseless, and should be properly dismissed.

Mr. Berg's allegations set forth in numbers 2, 3, 4 and 5 above regarding rent, postage and telephone expenses are totally without merit. Foley and the Campaign properly reported each of these expenses in FEC Schedules B and D, which were timely filed with the FEC. True and correct copies of the properly filed reports evidencing the disbursements are attached hereto as Exhibit "A". These allegations should therefore be dismissed.

Finally, Mr. Berg makes the accusation set forth in number 6 above that Foley and/or the Campaign failed to pay certain taxes on behalf of their employees. Because each of Foley's and/or the Campaign's employees were independent contractors, neither Foley nor the Campaign were required or permitted to withhold such amounts. Therefore, Mr. Berg's accusations in this regard are without merit and should be dismissed.

Obermayer, Foley and the Campaign therefore respectfully request that the Complaint filed by Mr. Berg be properly dismissed with prejudice. Please contact me if you have questions or require any additional information.

Very truly yours,



LAWRENCE J. TABAS

EXHIBIT "A"

July 31st Mid-Year Report

RENT: \$250.00

Harrisburg: \$250.00; *Schedule B, page 1*

POSTAGE: \$400.00

Reimbursement: \$400.00; *Schedule B, page 1*

PHONE: \$1,098.92

Bell Atlantic: \$453.47; *Schedule B, page 1*

AT&T: \$224.60; *Schedule B, page 1*

Contractor sub-charges: \$420.85; *Schedule D, line 1*

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Operating Expenditures

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

PAGE
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FOR LINE NO
17

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

NAME OF COMMITTEE (in Full)

Tom Foley for United States Senate

A. Full Name, Mailing Address and ZIP Code Milt Lopus Associates, Inc. 2403 Midland Rd. Harrisburg, PA 17104	Purpose of Disbursement rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-30-99	Amount of Disbursement \$ 250.00
B. Full Name, Mailing Address and ZIP Code Michelle Foley 241 Evelina Rd. Hershey, PA 17033	Purpose of Disbursement postage (reimbursement) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-29-99	Amount of Disbursement \$ 400.00
C. Full Name, Mailing Address and ZIP Code Laser Communications P.O. Box 414 Springfield, VA 22150	Purpose of Disbursement campaign solicitation materials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-28-99	Amount of Disbursement \$1,237.50
D. Full Name, Mailing Address and ZIP Code Your Private Printer, Inc. P.O. Box 6272 2201 Woodview Drive Harrisburg, PA 17112	Purpose of Disbursement letterhead/envelopes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-28-99	Amount of Disbursement \$ 591.40
E. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Phila., PA 19101-1556	Purpose of Disbursement mobile phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-28-99	Amount of Disbursement \$ 225.70
F. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Phila., PA 19101-1556	Purpose of Disbursement phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-11-99	Amount of Disbursement \$ 227.70
G. Full Name, Mailing Address and ZIP Code Wyndham Franklin Plaza 17th & Race Street Phila., PA 19103	Purpose of Disbursement banquet expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-17-99	Amount of Disbursement \$3,288.90
H. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 8220 Aurora, IL 60572-8220	Purpose of Disbursement phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-11-99	Amount of Disbursement \$ 178.20
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement

SUBTOTAL of Disbursements This Page (optional)	\$6,399.50
TOTAL This Period (last page this line number only)	\$6,399.50

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1
LINE NUMBER
(Use separate schedule for each number)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at End of This Period
Tom Foley for United States Senate				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Bonner Group, Inc. 6513 Park View Court Springfield, VA 22152	0	\$15,000	0	\$15,000
Nature of Debt (Purpose): Consulting/Fundraising				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Todd Mealy 202 Valley Road Harrisburg, PA 17104	0	\$1,000	0	\$1,000
Nature of Debt (Purpose): Consulting				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$16,000
2) TOTALS This Period (last page in this line only)				\$16,000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$16,000

January 31st Year-End Report

RENT: \$4,194.19

Harrisburg: \$2,420.00; *Schedule B, pages 5, 8; Schedule D, line 1*

Philadelphia: \$600.00; *Amendment to Schedule B, line 2*

Pittsburgh: \$849.19; *Schedule B, page 10*

POSTAGE: \$3,261.00

Reimbursement: \$693.00; *Schedule B, page 6, line 3*

U.S. Postmaster: \$2,568.00; *Schedule B, page 10*

PHONE: \$3,287.98

Bell Atlantic: \$2,183.09; *Schedule B, pages 1-2*

AT&T: \$334.35; *Schedule B, page 1*

Contractor sub-charges: \$770.54; *Schedule B, page 2*

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code All Communications Co. 2805 Clearview Dr. Glenshaw PA 15116	Purpose of Disbursement Office Expenses wiring Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 10/20/1999	Amount of Each Disbursement this Period \$94.46
B. Full Name, Mailing Address and ZIP Code All Communications Co. 2805 Clearview Dr. Glenshaw PA 15116	Purpose of Disbursement Office Expenses wiring Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 9/20/1999	Amount of Each Disbursement this Period \$140.00
C. Full Name, Mailing Address and ZIP Code ATT PO Box 78522 Phoenix AZ 85062	Purpose of Disbursement Other (Enter Description) phone patch Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 10/22/1999	Amount of Each Disbursement this Period \$257.60
D. Full Name, Mailing Address and ZIP Code ATT PO Box 9001309 Louisville KY 40290	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 10/5/1999	Amount of Each Disbursement this Period \$76.75
E. Full Name, Mailing Address and ZIP Code Ballengee, Drema 422 Mifflin Rd. Pittsburgh PA 15207	Purpose of Disbursement Other (Enter Description) temp Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/20/1999	Amount of Each Disbursement this Period \$60.00
F. Full Name, Mailing Address and ZIP Code Bell Atlantic PO Box 646 Baltimore MD 21265	Purpose of Disbursement Other (Enter Description) Office Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 10/5/1999	Amount of Each Disbursement this Period \$391.40
G. Full Name, Mailing Address and ZIP Code Bell Atlantic PO Box 646 Baltimore MD 21265	Purpose of Disbursement Other (Enter Description) phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 11/15/1999	Amount of Each Disbursement this Period \$149.28
H. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	Purpose of Disbursement Other (Enter Description) 215 cell Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 11/4/1999	Amount of Each Disbursement this Period \$377.27
I. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 7/12/1999	Amount of Each Disbursement this Period \$210.95

SUBTOTAL of Disbursements This Page (optional)

\$1,757.71

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description)	Date (month, day, year)	Amount of Each Disbursement this Period
Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	Cell Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/1999	\$393.78
B. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	Purpose of Disbursement Other (Enter Description) 412 cell Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/4/1999	\$367.31
C. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	Purpose of Disbursement Other (Enter Description) Telephone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/10/1999	\$293.10
D. Full Name, Mailing Address and ZIP Code Bonner Group Inc. 6513 Park View Court Springfield VA 22152	Purpose of Disbursement Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/1999	\$20,000.00
E. Full Name, Mailing Address and ZIP Code Bonner Group Inc. 6513 Park View Court Springfield VA 22152	Purpose of Disbursement Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/9/1999	\$10,000.00
F. Full Name, Mailing Address and ZIP Code Burke, Andrew Street Required City ST 00000	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/31/1999	\$750.00
G. Full Name, Mailing Address and ZIP Code Cheltenham Printing Co. 212 Beecher Ave. Cheltenham PA 19012	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/12/1999	\$519.40
H. Full Name, Mailing Address and ZIP Code Chorus Communications 1010 West 8th Ave. King Of Prussia PA 19406	Purpose of Disbursement Other (Enter Description) phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/8/1999	\$42.38
I. Full Name, Mailing Address and ZIP Code Commerce Bank 1900 Market Street Philadelphia PA 19103	Purpose of Disbursement Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/31/1999	\$135.00

SUBTOTAL of Disbursements This Page (optional) > \$32,500.97

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Foley, Michelle 241 Evelina Rd. Hershey PA 17033	Purpose of Disbursement Other (Enter Description) Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 8/17/1999	Amount of Each Disbursement this Period \$120.00
B. Full Name, Mailing Address and ZIP Code Foley, Thomas P. 241 Evelina Rd. Hershey PA 17033	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/31/1999	Amount of Each Disbursement this Period \$2,000.00
C. Full Name, Mailing Address and ZIP Code Foley, Thomas P. 241 Evelina Rd. Hershey PA 17033	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/31/1999	Amount of Each Disbursement this Period \$8,000.00
D. Full Name, Mailing Address and ZIP Code Foley, Thomas P. 241 Evelina Rd. Hershey PA 17033	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/31/1999	Amount of Each Disbursement this Period \$19,200.00
E. Full Name, Mailing Address and ZIP Code Forde, Dave Obermayer Rebbmann et al. Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/2/1999	Amount of Each Disbursement this Period \$1,500.00
F. Full Name, Mailing Address and ZIP Code Forde, Dave Obermayer Rebbmann et al. Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/15/1999	Amount of Each Disbursement this Period \$1,500.00
G. Full Name, Mailing Address and ZIP Code Forde, Dave Obermayer Rebbmann et al. Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/15/1999	Amount of Each Disbursement this Period \$1,500.00
H. Full Name, Mailing Address and ZIP Code Forde, Dave Obermayer Rebbmann et al. Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/1999	Amount of Each Disbursement this Period \$1,500.00
I. Full Name, Mailing Address and ZIP Code Forde, Dave Obermayer Rebbmann et al. Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/2/1999	Amount of Each Disbursement this Period \$1,500.00

SUBTOTAL of Disbursements This Page (optional)

\$36,820.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Forde, David Street Required City ST 00000	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/31/1999	Amount of Each Disbursement this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Hahn, Andy Street Required City ST 00000	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/31/1999	Amount of Each Disbursement this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description: expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/6/1999	Amount of Each Disbursement this Period \$1,473.00
D. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description: Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/15/1999	Amount of Each Disbursement this Period \$533.35
E. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/1/1999	Amount of Each Disbursement this Period \$3,500.00
F. Full Name, Mailing Address and ZIP Code Hardoby, Melissa 411 Laurie Drive Pittsburgh PA 15235	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 3/17/1999	Amount of Each Disbursement this Period \$2,500.00
G. Full Name, Mailing Address and ZIP Code Hardoby, Melissa 411 Laurie Drive Pittsburgh PA 15235	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 8/2/1999	Amount of Each Disbursement this Period \$2,500.00
H. Full Name, Mailing Address and ZIP Code Hardoby, Melissa 411 Laurie Drive Pittsburgh PA 15235	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 9/8/1999	Amount of Each Disbursement this Period \$2,500.00
I. Full Name, Mailing Address and ZIP Code Hardoby, Melissa 411 Laurie Drive Pittsburgh PA 15235	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 12/6/1999	Amount of Each Disbursement this Period \$1,000.00

SUBTOTAL of Disbursements This Page (optional) \$16,006.35

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Laser Communications PO Box 414 Springfield VA 22150	Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/12/1999	\$383.18
B. Full Name, Mailing Address and ZIP Code Marchbein, Eric 5727 Woodmont St. Pittsburgh PA 15217	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/31/1999	\$1,000.00
C. Full Name, Mailing Address and ZIP Code McKillop, Rita Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) staff rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/13/1999	\$1,400.00
D. Full Name, Mailing Address and ZIP Code McMillon, Jack 1250 Beech Ridge Rd. North Berwick ME 03906	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/31/1999	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Mealy, Todd 202 Valley Road Harrisburg PA 17104	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/12/1999	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Mealy, Todd 202 Valley Road Harrisburg PA 17104	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/1999	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Medialing PO Box 45619 San Francisco CA 94145	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/16/1999	\$25.00
H. Full Name, Mailing Address and ZIP Code Mellman Group 1000 Thomas Jefferson St. Washington DC 20007	Purpose of Disbursement Polling Costs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/1999	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Morrow, Josh 212 Locust St. Harrisburg PA 17101	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/1/1999	\$2,250.00

SUBTOTAL of Disbursements This Page (optional)

\$9,058.1

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Strother/Duffy/Strother 1400 Eye Street N.W. Suite 450 Washington DC 20005	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/21/1999	Amount of Each Disbursement this Period \$341.16
B. Full Name, Mailing Address and ZIP Code Strother/Duffy/Strother 1400 Eye Street N.W. Suite 450 Washington DC 20005	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/4/1999	Amount of Each Disbursement this Period \$5,401.91
C. Full Name, Mailing Address and ZIP Code The Waverly Group 818 Connecticut Ave. Washington DC 20006	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/12/1999	Amount of Each Disbursement this Period \$1,012.94
D. Full Name, Mailing Address and ZIP Code Thorp Reed And Armstrong, LLP One Riverfront Center Pittsburgh PA 15222	Purpose of Disbursement Office Rent part. sublease Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/18/1999	Amount of Each Disbursement this Period \$849.19
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster Penn Center Postal Store Philadelphia PA 19103	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/1999	Amount of Each Disbursement this Period \$43.00
F. Full Name, Mailing Address and ZIP Code U.S. Postmaster Penn Center Postal Store Philadelphia PA 19103	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/23/1999	Amount of Each Disbursement this Period \$1,390.00
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster Penn Center Postal Store Philadelphia PA 19103	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/12/1999	Amount of Each Disbursement this Period \$990.00
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster Penn Center Postal Store Philadelphia PA 19103	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/29/1999	Amount of Each Disbursement this Period \$64.00
I. Full Name, Mailing Address and ZIP Code U.S. Postmaster Fourth Ave. Pittsburgh PA 15222	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/17/1999	Amount of Each Disbursement this Period \$59.00

SUBTOTAL of Disbursements This Page (optional) >

\$10,151.20

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

SCHEDULE D

Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 to
LINE NUMBER 10
(Use separate schedule
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Tom Foley for U.S. Senate				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor M.L. Associates 212 Locust St., Suite 402 Harrisburg, PA 17101	0	\$1,800	\$900	\$900.00
Nature of Debt (Purpose): Office Rent Harrisburg, PA				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$900.00
2) TOTALS This Period (last page in this line only)				\$900.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$900.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Operating Expenditures

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

PAGE 1
FOR LINE NO 17

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

A. Full Name, Mailing Address and ZIP Code M.L. Associates 212 Locust St., Suite 402 Harrisburg, PA 17101	Purpose of Disbursement Office Rent Harrisburg, PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/10/00 MEMO: previously MEMO: see Schedul	Amount of Disbursement \$900.00
B. Full Name, Mailing Address and ZIP Code Obermayer Rebmann Maxwell & Hoppel, LLP One Penn Center, 19th Floor Philadelphia, PA 19103	Purpose of Disbursement Office Rent Philadelphia, PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/10/00 MEMO: previously	Amount of Disbursement \$600.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

March 15th Report

RENT: \$5,500.00

Harrisburg: \$2,200.00; *Schedule B, page 7; Schedule D, line 1*

Philadelphia: \$600.00; *Schedule D, line 2*

Pittsburgh: \$2,700.00; *Schedule B, pages 9-10*

POSTAGE: \$1,228.42

Reimbursement: \$335.60; *Schedule B, page 4, line 7*

Reimbursement: \$204.32; *Schedule B, page 3, line 9*

UPS: \$179.00; *Schedule B, page 10*

Federal Express: \$278.88; *Schedule B, page 4*

PHONE: \$4,620.99

AT&T: \$1,040.61; *Schedule B, pages 1, 3 (sub line 9), page 5 (sub line 8)*

Bell Atlantic: \$3,122.44; *Schedule B, page 2*

Pagers: \$457.94; *Schedule B, page 3 (sub line 9), page 5 (sub line 8)*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10

FOR LINE NUMBER
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Airborne Express PO Box 91001 Seattle WA 98111	Purpose of Disbursement Other (Enter Description) delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Per \$28.65
B. Full Name, Mailing Address and ZIP Code Airborne Express PO Box 91001 Seattle WA 98111	Purpose of Disbursement Other (Enter Description) delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Per \$94.65
C. Full Name, Mailing Address and ZIP Code Airborne Express PO Box 91001 Seattle WA 98111	Purpose of Disbursement Other (Enter Description) airborne Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/13/2000	Amount of Each Disbursement this Per \$117.90
D. Full Name, Mailing Address and ZIP Code All State International Inc. One Commerce Drive Cranford NJ 07016	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Per \$82.18
E. Full Name, Mailing Address and ZIP Code Asiago One Oxford Center Pittsburgh PA 15219	Purpose of Disbursement Other (Enter Description) catering Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Per \$1,943.65
F. Full Name, Mailing Address and ZIP Code ATT PO Box 9001309 Louisville KY 40290	Purpose of Disbursement Other (Enter Description) Fugh Phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Per \$350.57
G. Full Name, Mailing Address and ZIP Code ATT PO Box 78522 Phoenix AZ 85062	Purpose of Disbursement Other (Enter Description) phone pitt Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Per \$181.85
H. Full Name, Mailing Address and ZIP Code Beal, Frank S. 190 Crestvue Manor Dr. Pittsburgh PA 15228	Purpose of Disbursement Reimbursement/Expense travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/14/2000	Amount of Each Disbursement this Per \$239.90
I. Full Name, Mailing Address and ZIP Code Beitchman, David 212 Locust St. Harrisburg PA 17101	Purpose of Disbursement Campaign Consultant 1/27 - 2/11 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/7/2000	Amount of Each Disbursement this Per \$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$4,039.35

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 2
FOR LINE NUMBER
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description)	Date (month, day, year)	Amount of Each Disbursement this Period
Bell Atlantic PO Box 646 Baltimore MD 21265	phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/13/2000	\$316.83
Beli Atlantic PO Box 646 Baltimore MD 21265	phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/10/2000	\$454.51
C. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	mobile Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/25/2000	\$260.94
D. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	mobile Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/6/2000	\$591.26
E. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	215-704- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/3/2000	\$184.25
F. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile PO Box 41556 Philadelphia PA 19101	412-780- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/3/2000	\$364.89
G. Full Name, Mailing Address and ZIP Code Bell Atlantic Teleproducts PO Box 8538-635 Philadelphia PA 19171	4 line Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/6/2000	\$949.76
H. Full Name, Mailing Address and ZIP Code Cheltenham Printing Co. 212 Beecher Ave. Cheltenham PA 19012	Campaign Literature Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/6/2000	\$2,374.40
I. Full Name, Mailing Address and ZIP Code Cheltenham Printing Co. 212 Beecher Ave. Cheltenham PA 19012	Campaign Literature Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/6/2000	\$84.80

SUBTOTAL of Disbursements This Page (optional) >

\$5,581.6

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Clarke, Greg 212 Locust St. Harrisburg PA 17101	Purpose of Disbursement Reimbursement Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/1/2000	Amount of Each Disbursement this Period \$1,676.83
B. Full Name, Mailing Address and ZIP Code Cunningham Harris Assoc. Inc. 201 Grand Central Ave. Ripley WV 25271	Purpose of Disbursement Campaign Consultant 1/29 - 2/29 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/2/2000	Amount of Each Disbursement this Period \$6,500.00
C. Full Name, Mailing Address and ZIP Code Cunningham Harris Assoc. Inc. 201 Grand Central Ave. Ripley WV 25271	Purpose of Disbursement Bank Service Charge 2/29 - 3/39 fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$6,500.00
D. Full Name, Mailing Address and ZIP Code Cunningham Harris Assoc. Inc. 201 Grand Central Ave. Ripley WV 25271	Purpose of Disbursement Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$1,941.85
E. Full Name, Mailing Address and ZIP Code Cunningham Harris Assoc. Inc. 201 Grand Central Ave. Ripley WV 25271	Purpose of Disbursement Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$717.47
F. Full Name, Mailing Address and ZIP Code Cunningham Harris Assoc. Inc. 201 Grand Central Ave. Ripley WV 25271	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/19/2000	Amount of Each Disbursement this Period \$6,500.00
G. Full Name, Mailing Address and ZIP Code Datz, Kimberly 212 Locust St. Harrisburg PA 17101	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/19/2000	Amount of Each Disbursement this Period \$750.00
H. Full Name, Mailing Address and ZIP Code Datz, Kimberly 212 Locust St. Harrisburg PA 17101	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/4/2000	Amount of Each Disbursement this Period \$750.00
I. Full Name, Mailing Address and ZIP Code Datz, Kimberly 212 Locust St. Harrisburg PA 17101	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/21/2000	Amount of Each Disbursement this Period \$2,013.02

SUBTOTAL of Disbursements This Page (optional)

\$27,349.17

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Other (Enter Description) delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this P \$13.13
B. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Bank Service Charge deliveries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/25/2000	Amount of Each Disbursement this P \$13.75
C. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Other (Enter Description) Delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this P \$108.75
D. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Other (Enter Description) Delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this P \$22.75
E. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Other (Enter Description) Delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Per \$120.50
F. Full Name, Mailing Address and ZIP Code Finnegans Wake 537 N. 3rd Street Philadelphia PA 19123	Purpose of Disbursement Other (Enter Description) catering Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Peri \$900.00
G. Full Name, Mailing Address and ZIP Code Foley, Michelle 241 Evelina Rd. Hershey PA 17033	Purpose of Disbursement Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/18/2000	Amount of Each Disbursement this Peri \$4,196.05
H. Full Name, Mailing Address and ZIP Code Foley, Michelle 241 Evelina Rd. Hershey PA 17033	Purpose of Disbursement Reimbursement/Expense photo payment Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/14/2000	Amount of Each Disbursement this Peri \$412.06
I. Full Name, Mailing Address and ZIP Code Forde, Dave Obermayer Rebbmann et al. Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/1/2000	Amount of Each Disbursement this Peri \$1,616.78

SUBTOTAL of Disbursements This Page (optional)

\$7,403.77

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Garrett And Assoc. Inc. 725 Heiden Dr. Hummelstown PA 17036	Purpose of Disbursement Campaign Literature printing/photos Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this \$1,055.00
B. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 1/19/2000	Amount of Each Disbursement this \$716.39
C. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 1/1/2000	Amount of Each Disbursement this P \$3,500.00
D. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 1/4/2000	Amount of Each Disbursement this P \$3,500.00
E. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 2/1/2000	Amount of Each Disbursement this P \$3,500.00
F. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 1/28/2000	Amount of Each Disbursement this P \$755.06
G. Full Name, Mailing Address and ZIP Code Hahn, Andy One Penn Center 19th FL Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 1/19/2000	Amount of Each Disbursement this Pe \$3,500.00
H. Full Name, Mailing Address and ZIP Code Hardoby, Melissa 411 Laurie Drive Pittsburgh PA 15235	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 1/1/2000	Amount of Each Disbursement this Pe \$6,714.19
I. Full Name, Mailing Address and ZIP Code Horizon Communications 4501 Western Ave. Washington DC 20016	Purpose of Disbursement Campaign Literature Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Pe \$2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$25,240.6

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Macmillan, Jack 1250 Beech Ridge Rd. North Berwick ME 03906	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$1,875.00
B. Full Name, Mailing Address and ZIP Code Macmillan, Jack 1250 Beech Ridge Rd. North Berwick ME 03906	Purpose of Disbursement Campaign Consultant 2/1 - 2/15 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/14/2000	Amount of Each Disbursement this Period \$1,875.00
C. Full Name, Mailing Address and ZIP Code Marchbein, Eric 5727 Woodmont St. Pittsburgh PA 15217	Purpose of Disbursement Campaign Consultant 2/10 - 2/23 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/24/2000	Amount of Each Disbursement this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Marchbein, Eric 5727 Woodmont St. Pittsburgh PA 15217	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/8/2000	Amount of Each Disbursement this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Marchbein, Eric 5727 Woodmont St. Pittsburgh PA 15217	Purpose of Disbursement Campaign Consultant 1/10 - 2/9 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/7/2000	Amount of Each Disbursement this Period \$2,000.00
F. Full Name, Mailing Address and ZIP Code Marchbein, Eric 5727 Woodmont St. Pittsburgh PA 15217	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/19/2000	Amount of Each Disbursement this Period \$500.00
G. Full Name, Mailing Address and ZIP Code McKillip, Fred 213 State St. Harrisburg PA 17101	Purpose of Disbursement Other (Enter Description) Rent G. Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/9/2000	Amount of Each Disbursement this Period \$900.00
H. Full Name, Mailing Address and ZIP Code Media Strategies Research 315 Massachusetts Ave. Washington DC 20002	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/13/2000	Amount of Each Disbursement this Period \$21,000.00
I. Full Name, Mailing Address and ZIP Code Media Strategies Research 315 Massachusetts Ave. Washington DC 20002	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$36,000.00

SUBTOTAL of Disbursements This Page (optional)

\$66,150.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 10

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Print And Copy Center 731 Allegheny River Blvd. Verona PA 15147	Purpose of Disbursement Other (Enter Description) Bumper Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/2/2000	Amount of Each Disbursement this Period \$404.46
B. Full Name, Mailing Address and ZIP Code Reed, Douglas 429 Forbes Ave. Pittsburgh PA 15219	Purpose of Disbursement Other (Enter Description) Office Rent Pittsburgh Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/19/2000	Amount of Each Disbursement this Period \$2,000.00
C. Full Name, Mailing Address and ZIP Code Rosenbluth International 2401 Walnut St. Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description) travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Period \$313.25
D. Full Name, Mailing Address and ZIP Code Rosenbluth International 2401 Walnut St. Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description) travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Period \$20.00
E. Full Name, Mailing Address and ZIP Code Rosenbluth International 2401 Walnut St. Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description) travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Period \$479.50
F. Full Name, Mailing Address and ZIP Code Rosenbluth International 2401 Walnut St. Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description) travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Period \$308.50
G. Full Name, Mailing Address and ZIP Code Rosenbluth International 2401 Walnut St. Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description) travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Period \$586.50
H. Full Name, Mailing Address and ZIP Code Rosenbluth International 2401 Walnut St. Philadelphia PA 19103	Purpose of Disbursement Other (Enter Description) travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/6/2000	Amount of Each Disbursement this Period \$489.50
I. Full Name, Mailing Address and ZIP Code Southwest Caucus Pa Dems 950 Philadelphia St. Indiana PA 15701	Purpose of Disbursement Other (Enter Description) Speaking Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/18/2000	Amount of Each Disbursement this Period \$30.00

SUBTOTAL of Disbursements This Page (optional)

\$4,631.71

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF
FOR LINE NUMB
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code T.D. Mills Promo Products 1020 Cocoa Ave. Hershey PA 17033	Purpose of Disbursement Other (Enter Description) Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/14/2000	Amount of Each Disbursement this Period \$687.24
B. Full Name, Mailing Address and ZIP Code Thorp Reed And Armstrong, LLP One Riverfront Center Pittsburgh PA 15222	Purpose of Disbursement Office Rent Novmmember 1999 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/18/2000	Amount of Each Disbursement this Period \$325.00
C. Full Name, Mailing Address and ZIP Code Thorp Reed And Armstrong, LLP One Riverfront Center Pittsburgh PA 15222	Purpose of Disbursement Office Rent pittsburgh Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/13/2000	Amount of Each Disbursement this Period \$700.00
D. Full Name, Mailing Address and ZIP Code UPS PO BOX 4980 Hagerstown MD 21747	Purpose of Disbursement Other (Enter Description) Delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Period \$94.00
E. Full Name, Mailing Address and ZIP Code UPS PO BOX 4980 Hagerstown MD 21747	Purpose of Disbursement Other (Enter Description) delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$85.00
F. Full Name, Mailing Address and ZIP Code Your Private Printer 2201 Woodview Dr. Harrisburg PA 17112	Purpose of Disbursement Other (Enter Description) Printing Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/14/2000	Amount of Each Disbursement this Period \$953.62
G. Full Name, Mailing Address and ZIP Code Your Private Printer 2201 Woodview Dr. Harrisburg PA 17112	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/13/2000	Amount of Each Disbursement this Period \$617.98
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

\$3,462.8

TOTAL This Period (last page this line number only)

\$211,548.5

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 1/1/2000 TO 3/15/2000

PAGE 1 of 1 for

LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Tom Foley for U.S. Senate				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor M.L. Associates 212 Locust St. Harrisburg PA 17101	\$900	\$400	\$0	\$1,300
Nature of Debt (Purpose) Hburg rent balances				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Obermayer Rebmman Maxwell & Hippel, LLC One Penn Center, 19th Floor Philadelphia, PA 19103	\$0	\$600	\$0	\$600
Nature of Debt (Purpose) Philly rent balance				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				

1) SUBTOTALS This Period This Page (optional)	\$1,900
2) TOTALS This Period (last page in this line only)	\$1,900
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$1,900

April 15th Quarterly Report

RENT: \$1,200.00

Harrisburg: \$900.00; *Schedule B, page 2; Schedule D, line 1*

Philadelphia: \$300.00; *Schedule D, line 2*

POSTAGE: \$786.06

Reimbursement: \$482.68; *Schedule B, page 1, line 1(sub), 2(sub), 3*

Federal Express: \$73.66; *Schedule B, page 1*

PHONE: \$668.50

Bell Atlantic: \$668.50; *Schedule B, page 1*

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10

FOR LINE NUM

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)
Tom Foley for U.S. Senate c00344804

A. Full Name, Mailing Address and ZIP Code Beal, Frank S. 190 Crestvue Manor Dr. Pittsburgh PA 15228	Purpose of Disbursement Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Disbursement this \$743.1
B. Full Name, Mailing Address and ZIP Code Beal, Frank S. 190 Crestvue Manor Dr. Pittsburgh PA 15228	Purpose of Disbursement Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Disbursement this \$528.5
C. Full Name, Mailing Address and ZIP Code Beal, Frank S. 190 Crestvue Manor Dr. Pittsburgh PA 15228	Purpose of Disbursement Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/24/2000	Amount of Disbursement this \$229.7
D. Full Name, Mailing Address and ZIP Code Becker Temporary Services Inc. One Bala Plaza Bala Cynwyd PA 19004	Purpose of Disbursement Other (Enter Description) Temp Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/24/2000	Amount of Disbursement this \$780.7
E. Full Name, Mailing Address and ZIP Code Bell Atlantic PO Box 8585 Philadelphia PA 19173	Purpose of Disbursement Other (Enter Description) 215-735- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Disbursement this \$668.5
F. Full Name, Mailing Address and ZIP Code Cianciulli, Matt Street Required Philadelphia PA 19103	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Disbursement this \$5,000.0
G. Full Name, Mailing Address and ZIP Code Commerce Bank 1900 Market Street Philadelphia PA 19103	Purpose of Disbursement Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Disbursement this \$87.00
H. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Other (Enter Description) delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Disbursement this \$73.66
I. Full Name, Mailing Address and ZIP Code Goins, Lashawn Street Required City ST 00000	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/21/2000	Amount of Disbursement this \$2,500.0

SUBTOTAL of Disbursements This Page (optional) \$10,611

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Tom Foley for U.S. Senate

c00344804

A. Full Name, Mailing Address and ZIP Code Horizon Communications 4501 Western Ave. Washington DC 20016	Purpose of Disbursement Campaign Literature license plate invites Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$897.55
B. Full Name, Mailing Address and ZIP Code Kennedy Printing Co. Inc. Street Required City ST 00000	Purpose of Disbursement Campaign Literature Campaign Literature Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Each Disbursement this Period \$2,728.50
C. Full Name, Mailing Address and ZIP Code Macmillan, Jack 1250 Beech Ridge Rd. North Berwick ME 03906	Purpose of Disbursement Reimbursement/Expense Reimbursement/Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$966.34
D. Full Name, Mailing Address and ZIP Code McKillip, Rita 950 Beech Ave. Hershey PA 17033	Purpose of Disbursement Other (Enter Description) H'burg Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$700.00
E. Full Name, Mailing Address and ZIP Code Media Strategies Research 315 Massachusetts Ave. Washington DC 20002	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$116,000.0
F. Full Name, Mailing Address and ZIP Code Media Strategies Research 315 Massachusetts Ave. Washington DC 20002	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$110,000.0
G. Full Name, Mailing Address and ZIP Code Medialinq PO Box 45619 San Francisco CA 94145	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$1,587.00
H. Full Name, Mailing Address and ZIP Code Philadelphia Group Street Required City ST 00000	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Each Disbursement this Period \$3,000.00
I. Full Name, Mailing Address and ZIP Code Philadelphia Group Street Required City ST 00000	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Each Disbursement this Period \$2,000.00

SUBTOTAL of Disbursements This Page (optional) **\$237,879.3**

TOTAL This Period (last page this line number only) **\$237,879.3**

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1
LINE NUMBER
(Use separate lines
for each number)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstan Balance at of This P
Tom Foley for U.S. Senate				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor M.L. Associates 212 Locust Street Harrisburg, PA 17101	\$1,300	\$200	0	\$1,50
Nature of Debt (Purpose): Harrisburg Office Rent				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Obermayer Rebmann Maxwell & Hippel, L.L.C. One Penn Center, 19th Floor Philadelphia, PA 19103	\$ 600	\$300	0	\$ 900
Nature of Debt (Purpose): Philadelphia Office Rent				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$2,400
2) TOTALS This Period (last page in this line only)				\$2,400
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$2,400.00