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REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE

For Other Than An Authorized Committee
(Summary Page)

99 NOV 19 PM 3:18

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROO

1999 NOV 19 A 11:

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Democratic Senatorial Campaign Committee H.O

ADDRESS (number and street) ☐ Check if different than previously reported
430 South Capitol Street, SE

CITY, STATE and ZIP CODE
Washington, DC 20003

2. FEC IDENTIFICATION NUMBER
C00042366

3. ☐ This committee has qualified as a multicar committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October
☐ March 20 ☐ July 20 ☒ Novemb
☐ April 20 ☐ August 20 ☐ Decemb
☐ May 20 ☐ September 20 ☐ January

☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Electi
_____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-
5. Covering Period October 1, through Oct. 31 1999		$ 71,210.19
6. (a) Cash on Hand January 1, 1999		
(b) Cash on Hand at Beginning of Reporting Period	$ 3,283,538.98	
(c) Total Receipts (from Line 19)	$ 1,355,730.08	$ 12,652,125
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,639,269.06	$ 12,723,335
7. Total Disbursements (from Line 30)	$ 930,504.80	$ 9,014,571
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,708,764.26	$ 3,708,764
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 1,063.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information
Federal Election Commi
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
James P. Fox

Signature of Treasurer

Date
November 20

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

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