REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
96 SEP 20 PM 4:20
H.D.

1. NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

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 CONTRIBUTION NUMBER

C00000086

3. ☒ This committee has qualified as a multicandidate 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

Quarterly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☒ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelve-day report preceding _____ (Type of Election) _____ in the State of _____

☐ Twenty-day report following the General Election on _____ in the State of _____

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

SUMMARY		COLUMN A Total Period	COLUMN B Calendar Year-to-Date
5. Covering Period 6/1/96 through 6/30/96			
6. (a) Cash on Hand January 1, 19 96			$ 1,832,091.32
(b) Cash on Hand at Beginning of Reporting Period		$ 4,314,231.65	
(c) Total Receipts (from line 19)		$ 1,350,081.20	$ 7,911,895.70
(d) Subtotal (add Lines 6(a) and 6(b) for Column A and Lines 6(a) and 6(c) for Column B)		$ 5,572,334.86	$ 9,144,777.10
7. Total Disbursements (from Line 30)		$ 823,876.59	$ 4,385,338.83
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))		$ 4,759,438.27	$ 4,759,438.27
9. Debts and Obligations Owed TO the Committee (Source of an Schedule C and/or Schedule D)		$ 1,063.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Source of an Schedule C and/or Schedule D)		$ 221,716.13	

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

Paul Johnson

Signature of Treasurer

Date 9-20-96

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

FEC FORM 3X

(printed 9/93)

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