REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
OCT 24 12 09 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
C00236513 NY/17 093096 N
DEBBY LINHARDT
ENGEL FOR CONGRESS

ADDRESS (Number and Street)
~~12 HARDING PKWY~~
~~MT VERNON NY 10552~~
462 California Road

CITY, TOWN, STATE, ZIP CODE
Bronxville New York 10708

2. FEC IDENTIFICATION NUMBER

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ 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)
- ☒ Twelfth day report preceding General Election (Type of Election) election on Nov 5, 1996 in the State of New York
- ☐ Thirtieth day report following the General Election on _____ in the State of _____
- ☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period 10/1/96 through 10/16/96

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	8000.00	227,802.31
(b) Total Contribution Refunds (from Line 20(d))	2500.00	2,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	5500.00	225,302.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8449.33	200,219.75
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	8449.33	200,219.75
8. Cash on Hand at Close of Reporting Period (from Line 27)	31,713.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15,500.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 Debby Linhardt

Signature of Treasurer Debby Linhardt

Date 10/23/96

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 3
(revised 4/87)