

November 25, 1998

To: Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

RECEIVED
FEDERAL ELECTION
COMMISSION

Nov 30 2 09 PM '98

From: Daniel Brook
Treasurer, First Congressional District Republican Comm. (State of MD)
407 E. Campus Ave.
Chestertown, MD 21620

Ref: Account # C-0000 5975, Report of Receipts and
Disbursements for filing period 7/1/98 - 9/30/98 and
your mailgram reminder dated 11/5/98

Gentlemen:

Our delay in mailing referenced report has been due
to my having quadruple by-pass heart surgery recently
at Washington Hospital Center followed by several weeks of
recovery. I apologize for my delay but it was totally
out of my control. Thank you for your understanding
and consideration.

Very truly yours,
Daniel Brook

CC: Maryland State Administrative
Board of Elections
P.O. Box 231
Annapolis, MD 21404-0231

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION (Room 100)

Nov 30 2 09 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
First Congressional District Republican Comm.

ADDRESS (number and street) Check if different than previously reported
407 E. Campus Ave.

CITY, STATE and ZIP CODE
Chestertown, MD 21620

2. FEC IDENTIFICATION NUMBER
C-00005975

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

- Monthly 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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	_____ through _____		
6. (a)	Cash on Hand January 1, 19_____		\$ 563.02
(b)	Cash on Hand at Beginning of Reporting Period	\$ 284.80	
(c)	Total Receipts (from Line 1B)	\$ -0-	\$ 100.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 284.80	\$ 663.02
7.	Total Disbursements (from Line 3D)	\$ 100.00	\$ 478.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 184.80	\$ 184.80
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)	\$ 100.00	

For further information contact:
Federal Election Commission
950 E Street, NW
Washington, DC 20468
Toll Free 800-424-9530
Local 202-884-1100

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
DANIEL H BROOK

Signature of Treasurer
Daniel H Brook

Date
11/25/98

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
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/97)

NAME OF COMMITTEE

First Congressional District Republican Comm (St. of MD)

REPORT COVERING PERIOD

FROM *7/1/98*

TO *9/30/98*

COLUMN A
Total This Period

COLUMN B
Calendar Year

I. Receipts

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A)
 - ii. Unitemized
 - iii. Total (add i and ii) >
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contributions (add a iii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees
- 13. All Loans Received
- 14. Loan Repayments Received
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees
- 17. Other Federal Receipts (Dividends, Interest, etc.)
- 18. Transfers from Nonfederal Account for Joint Activity
- 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts (subtract line 18 from line 19) >

11(a)(i)
11(a)(ii)
11(a)(iii)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
18
20

0
0
100.00
100.00

II. Disbursements

- 21. Operating Expenditures:
 - a. Shared Federal/Non-Federal Activity (from Schedule H4)
 - i. Federal Share
 - ii. Non-Federal Share
 - b. Other Federal Operating Expenditures
 - c. Total Operating Expenditures (add a i, a ii, and b) >
- 22. Transfers to Affiliated/Other Party Committees
- 23. Contributions to Federal Candidates/Committees and Other Political Committees
- 24. Independent Expenditures (use Schedule E)
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)
- 26. Loan Repayments Made
- 27. Loans Made
- 28. Refunds of Contributions To:
 - a. Individuals/Persons Other Than Political Committees
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contribution Refunds (add a, b and c) >
- 29. Other Disbursements
- 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

21(a)(i)
21(a)(ii)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31

100.00
100.00
100.00
478.22
478.22
478.22

III. Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans)(from line 11d)
- 33. Total Contribution Refunds (from line 28d)
- 34. Net Contributions (other than loans)(subtract line 33 from 32)
- 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15)
- 37. Net Operating Expenditures (subtract line 36 from 35) >

32
33
34
35
36
37

0
0
100.00
100.00
100.00
478.22

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 110

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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

First Congressional District Republican Committee (SD of MD)

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) \rightarrow 0

TOTAL This Period (last page this line number only) \rightarrow 0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

First Congressional District Republican Committee (State of MD)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Annie's Paramount Steak House	Rental of Meeting Room for Quarterly Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Normal Opn Exp</i>	8/1/98	100.00
B. 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
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 Each Disbursement This Period
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 Each Disbursement This Period
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 Each Disbursement This Period
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 Each Disbursement This Period
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 Each Disbursement This Period
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 Each Disbursement This Period
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 Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

100.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>11/25/98</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>11/30/98</i> DATE PREPARED