For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Democratic Senatorial 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

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SECRETARY OF THE SENATE
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2. FEC IDENTIFICATION NUMBER
C00042366

3. [X] Type of 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

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

☐ Thirtieth day 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 7/1/96 through 7/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 1,232,891.32
(b) Cash on Hand at Beginning of Reporting Period	$ 4,759,438.27	
(c) Total Receipts (from line 19)	$ 1,040,422.25	$ 8,952,308.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 5,799,860.52	$ 10,185,199.35
7. Total Disbursements (from Line 30)	$ 717,543.51	$ 5,102,882.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,082,317.01	$ 5,082,317.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	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 (Itemize all on Schedule C and/or Schedule D)	$ 196,972.31	

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 [signature]

Date 10-18-96

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
(revised 8/93)

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