REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 6 9 09 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Congressional Black Caucus

ADDRESS (number and street) ☐ Check if different than previously reported: 6020 Lansdowne Avenue

CITY, STATE and ZIP CODE: Phila. PA 19151

2. FEC IDENTIFICATION NUMBER: C00147512

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

☒ Twelfth day report preceding General (Type of Election) election on Nov. 5th in the State of PA

☐ 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 10/1/96 through 10/15/96		
6. (a) Cash on Hand January 1, 19__		$ 6,687.10
(b) Cash on Hand at Beginning of Reporting Period	$ 11,094.31	
(c) Total Receipts (from Line 19)	$ -0-	$ 53,860.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,094.31	$ 60,547.10
7. Total Disbursements (from Line 30)	$ 5,973.09	$ 55,425.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,121.22	$ 5,121.22
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)	$ -0-	

For further information contact:
Federal Election Commission
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: Francis M. Salter

Signature of Treasurer: Francis M. Salter

Date: 10/24/96

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 04/95)