# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JAN 20 1 09 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Frelinghuysen For Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
Box 712 M

CITY, STATE and ZIP CODE STATE/DISTRICT
Morristown, NJ 07960

2. FEC IDENTIFICATION NUMBER
136417

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 ____ (Type of Election) election on ____ in the State of ____
☐ 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 July 1, 1997 through December 31, 1997

| | 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)) | 0.00 | 0.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 53.21 | 143.14 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 53.21 | 143.14 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 1,483.01 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 350,500.00 | |

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
Albert N. Olsen

Signature of Treasurer
Albert N. Olsen

Date
1-15-98

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 3
(revised 4/87)

4-00172