REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -6 P 1:58

1. NAME OF COMMITTEE (in full): Doyle for Congress Committee

ADDRESS (number and street): 2227 Hampton Street
☐ Check if different than previously reported.

2. FEC IDENTIFICATION NUMBER: C00290064

CITY, STATE and ZIP CODE: Pittsburgh, PA 15218
STATE/DISTRICT: PA 18

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 11/07/2000 in the State of PA
☐ Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 10/19/2000 through 11/27/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$38340.00	$270878.34
	(b) Total Contribution Refunds (From Line 20(d))	$2500.00	$2500.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$35840.00	$268378.34
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$29685.96	$135342.30
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$270.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$29685.96	$135072.30
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$161025.63	
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)	$555.98	

For further information:
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: Karen Oleyar

Signature of Treasurer: [signature]

Date: 12.3.00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3
(Revised 4/97)