

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2002 FEB 15 P 12:40

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

000005975 121001 N 287  
DAN BROOK  
FIRST CONGRESSIONAL DISTRICT R  
REPUBLICAN COMMITTEE \*  
407 CAMPUS AVE  
CHESTERTOWN MD 21620

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000005975

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period

07 01 2001 through 12 31 2001

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

01 14 2002

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

Office Use Only

FEC FORM 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

C-00005975

First Congressional District Republican Committee (State of MD)

Report Covering the Period:

From:

07 01 2001

To:

12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2001</span>		<span style="border: 1px solid black; padding: 2px;">902.76</span>
(b) Cash on Hand at Beginning of Reporting Period .....	<span style="border: 1px solid black; padding: 2px;">802.76</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">100.00</span>	<span style="border: 1px solid black; padding: 2px;">200.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<span style="border: 1px solid black; padding: 2px;">902.76</span>	<span style="border: 1px solid black; padding: 2px;">1,002.76</span>
7. Total Disbursements (from Line 30) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">200.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">902.76</span>	<span style="border: 1px solid black; padding: 2px;">902.76</span>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

C-0005975

Write or Type Committee Name

First Congressional District Republican Committee (State of MD)

Report Covering the Period:

From:

[ ] [ ] [ ]

To:

[ ] [ ] [ ]

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	[ ]	[ ]
(ii) Unitemized .....	[ ]	[ ]
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	[ ]	[ ]
(b) Political Party Committees .....	[ ]	[ ]
(c) Other Political Committees (such as PACs) .....	[ ]	[ ]
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	100.00	200.00
12. Transfers From Affiliated/Other Party Committees .....	[ ]	[ ]
13. All Loans Received .....	[ ]	[ ]
14. Loan Repayments Received .....	[ ]	[ ]
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	[ ]	[ ]
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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	100.00	200.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	100.00	200.00

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(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 Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	<i>2,000.00</i>	<i>2,000.00</i>
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....		

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	<del>1,000.00</del>	<i>1,000.00</i>
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	<del>1,000.00</del>	<i>1,000.00</i>
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 15, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE / OF /  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)* C-00005975

Full Name (Last, First, Middle Initial)  
A. *Queen Anne's County Republican Central Committee*  
Mailing Address  
*404 Friendship Lane*  
City *Centreville* State *MD* Zip Code *21617*  
FEC ID number of contributing federal political committee. *C*

Date of Receipt  
*07 14 2001*  
Amount of Each Receipt this Period  
*50.00*

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_  
Aggregate Year-to-Date  
*50.00*

Full Name (Last, First, Middle Initial)  
B. *Dorchester County Republican Central Committee*  
Mailing Address  
*1608 Hudson Road*  
City *Cambridge* State *MD* Zip Code *21613*  
FEC ID number of contributing federal political committee. *C*

Date of Receipt  
*11 09 2001*  
Amount of Each Receipt this Period  
*50.00*

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_  
Aggregate Year-to-Date  
*50.00*

~~Full Name (Last, First, Middle Initial)  
C. *END*  
Mailing Address  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
FEC ID number of contributing federal political committee. *C*  
Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_  
Aggregate Year-to-Date \_\_\_\_\_~~

~~Date of Receipt  
Amount of Each Receipt this Period~~

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_  
TOTAL This Period (last page this line number only) \_\_\_\_\_

*10.00*  
*10.00*

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 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) *C-00005975*  
*First Congressional District Republican Committee (State of Maryland)*

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: [ ] [ ] [ ]

Amount of Each Disbursement this Period: [ ] [ ] [ ]

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: [ ] [ ] [ ]

Amount of Each Disbursement this Period: [ ] [ ] [ ]

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: [ ] [ ] [ ]

Amount of Each Disbursement this Period: [ ] [ ] [ ]


SUBTOTAL of Disbursements This Page (optional) ..... ▶ [ ] [ ] [ ]

TOTAL This Period (last page this line number only) ..... ▶ [ ] [ ] [ ]

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 1-15-02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 PREPARER	1-15-02 DATE PREPARED