REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

OCT 7 2 04 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Committee to Reelect Tom Foley

ADDRESS (number and street) [ ] Check if different than previously reported.: 1263 C Street, S.E

CITY, STATE and ZIP CODE: Washington, D.C.

STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER: 0040

3. IS THIS REPORT AN AMENDMENT? [ ] YES [X] NO NO

4. TYPE OF REPORT

- [ ] April 15 Quarterly Report
- [ ] July 15 Quarterly Report
- [X] 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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/96 through 9/30/96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	–	–
(b) Total Contribution Refunds (from Line 20(d))	–	–
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	–	–
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	–	424.23
(b) Total Offsets to Operating Expenditures (from Line 14)	–	–
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	–	424.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	100,514.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	–	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	–	

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: Leona W. Dexter

Signature of Treasurer: Leona W. Dexter

Date: 10/9/96

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

4-001/2

FEC FORM 3
(revised 4/87)