REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

OCT 7 4 34 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: 1253 C St., S.E

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

STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER: C00440

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 4/1/96 through 6/30/96

	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))	—	—
(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)	105,749.66	
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: 10/1/96

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

4-00172

FEC FORM 3
(revised 4/87)