REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

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FEC MAIL ROOM
2000 OCT 17 A 2:54

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full)
Bartlett For Congress

ADDRESS (number and street) ☐ Check if different that previously reported.
4317 Buckeystown Pike

CITY STATE, and ZIP CODE
Frederick, MD 21704

STATE / DISTRICT
MD / 6

2. FEC IDENTIFICATION NUMBER
C00255190

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 Quarterly 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 7/1/00 through 9/30/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (form Line 11(e))	$36,299	$108,865
(b) Total Contributions Refunds (from Line 20(d))	$0	$0
(c) Net Contributions (other than loans)(subtract Line 6(b) form 6(a))	$36,299	$108,865
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$44,220	$78,736
(b) Total Offsets to Operation Expenditures (from Line 14)	$695	$695
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$43,525	$78,041
8. Cash on Hand at Close of Reporting Period (from line 27)	$278,035	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and / or Schedule D)	$0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and / or Schedule D)	$95,467	

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
Perry, Robert .

Signature of Treasurer

Date

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)