

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2001 JAN 19 P 1:18

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE/CAUSE

C00003975 121500 N  
DAN BROOK  
FIRST CONGRESSIONAL DISTRICT N  
REPUBLICAN COMMITTEE \*  
407 CAMPUS AVE  
CHESTERTOWN MD 21620

2. FEC IDENTIFICATION NUMBER  
C-00005975

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

## 4. TYPE OF REPORT

- (a)  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)  
 Termination Report

- Monthly Report Due On:
- February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, 19 _____		\$ 487.31
(b) Cash on Hand at Beginning of Reporting Period _____	\$ 765.41	
(c) Total Receipts (from Line 19) _____	\$ 565.00	\$ 1,109.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(e) for Column B) _____	\$ 1,330.41	\$ 1,596.81
7. Total Disbursements (from Line 30) _____	\$ 427.65	\$ 694.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____	\$ 902.76	\$ 902.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ 0	

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  
Jan. 17, 2001

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 3X

(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM SX

(revised 1/1/91)

NAME OF COMMITTEE

*First Congressional District Republican Comm. (State of NY)*

*C-00005975*

REPORT COVERING PERIOD

FROM *11/28/00* TO *12/31/00*

COLUMN A  
Total This Period

COLUMN B  
Calendar Year

**I. Receipts**

- 11. Contributions (other than loans) From:
  - a. Individual/Persons Other Than Political Committees
    - i. Itemized (use Schedule A) .....
    - ii. Unitemized .....
    - iii. Total ..... (add i and ii) >
  - b. Political Party Committees .....
  - c. Other Political Committees (such as PACs) .....
  - d. Total Contributions ..... (add a iii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees .....
- 13. All Loans Received .....
- 14. Loan Repayments Received .....
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....
- 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 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts ..... (subtract line 18 from line 19) >

11(a)(i)  
11(a)(ii)  
11(a)(iii)  
11(b)  
11(c)  
11(d)  
12  
13  
14  
15  
16  
17  
18  
19  
20

<i>565.00</i>	<i>1,109.20</i>
<i>565.00</i>	<i>1,109.20</i>
<i>565.00</i>	<i>1,109.20</i>
<i>565.00</i>	<i>1,109.20</i>

**II. Disbursements**

- 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 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. Individual/Persons Other Than Political Committees .....
  - b. Political Party Committees .....
  - c. Other Political Committees (such as PACs) .....
  - d. Total Contribution Refunds ..... (add a, b and c) >
- 29. Other Disbursements .....
- 30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >

21(a)(i)  
21(a)(ii)  
21(b)  
21(c)  
22  
23  
24  
25  
26  
27  
28(a)  
28(b)  
28(c)  
28(d)  
29  
30  
31

<i>427.65</i>	<i>694.15</i>
<i>427.65</i>	<i>694.15</i>

**III. Net Contributions/Operating Expenditures**

- 32. Total Contributions (other than loans) (from line 11d) .....
- 33. Total Contribution Refunds (from line 28d) .....
- 34. Net Contributions (other than loans) (subtract line 33 from 32) .....
- 35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15) .....
- 37. Net Operating Expenditures ..... (subtract line 36 from 35) >

32  
33  
34  
35  
36  
37

<i>565.00</i>	<i>1,109.20</i>
<i>0</i>	<i>0</i>
<i>565.00</i>	<i>1,109.20</i>
<i>0</i>	<i>0</i>
<i>0</i>	<i>0</i>
<i>0</i>	<i>0</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11b

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

C-00005975  
(State of MD)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
25 lunches - Received 10 in cash at \$17.00 per meal per attendee	Unknown (10 individuals)	12/2/00	\$73.00 CASH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Quarterly Meeting 12/2	Occupation: UNK.	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code William Higgins (check) PO Box 290 Centreville, MD 21617	Self-employed	12/2/00	17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon Only Meeting	Occupation: DMV	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Alice K Wright (check) 10412 Aug. Herman Hwy (Route 215) Chestertown, MD 21620	Retired	12/2/00	17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon Only Meeting	Occupation: Retired	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Jacqueline Meeks (check) 9364 Beechwood Place Crisfield, MD 21817	UNK.	12/2/00	17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon Only Meeting	Occupation: UNK.	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Sharon M. Carrick (check) 404 Friendship Lane Centreville, MD 21617	UNK.	12/2/00	17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon Only Meeting	Occupation: UNK.	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code George F. Miller (check) 102 Schooner Way Chester, MD 21619	UNK.	12/2/00	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon Only Meeting	Occupation: UNK.	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Paul H. Margaret C. Rappaport (check) 12137 Two Penny Court Ellicott City, MD 21042	Lawyer	12/2/00	34.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon Only Meeting	Occupation: Lawyer	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

→

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 114

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** C-00005975 (State of MD)

A. Full Name, Mailing Address and ZIP Code (check)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Thomas Arkinson 133 Island Creek Road Centreville, MD 21617	---	12/2/00	34.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon (Sty) Meeting	Occupation: UNK	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code (check)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy L. Vera 114 Lake Drive Wye Mills, MD 21679	---	12/2/00	34.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon (Sty) Meeting	Occupation: UNK	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code (check)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L/ Lois A. Griffin 2452 Bennett Point Rd. Greenstown, MD 21658	---	12/2/00	34.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon (Sty) Meeting	Occupation: UNK	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code (check)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifford O. Myers & Marcia Leroc	---	12/2/00	34.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon (Sty) Meeting	Occupation: UNK	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code (check)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Din (2 guests) 207 Cypress Creek Rd. Severna Park, MD 21146	Gilcrest For Congress	12/24/00	34.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon (Sty) Meeting	Occupation: UNK	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code (check)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Talbot County Republican Central Comm. 205 Earle Avenue Easton, MD 21601	---	12/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Annual Contribution	Occupation: ---	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 270.00  
TOTAL This Period (last page this line number only) ..... 565.00

114 00005975 21658

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 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)

FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMMITTEE

C - 00005975  
(STATE OF MD)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Annies Paramount Steak House 500 N. Kent Narrows Way Grasonville, MD 21638	Qtrly Meet with luncheon reimbursed by attendees (27) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Quarterly Meeting	12/2/00	427.65
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

427.65

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

427.65

123.03.677.25610

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 1-17-01
<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	
<i>JMU</i> PREPARER	1-19-01 DATE PREPARED

12-1-03 16:77 225661