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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
FIRST CONGRESSIONAL DISTRICT REPUBLICAN
STATE OF MARYLAND

ADDRESS (number and street) **7299 ANDREW RD. DENTON, MD. 21629**
 Check if different than previously reported. (ACC)
DENTON **MD** **21629**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
CC00005975 IS THIS REPORT NEW (N) OR AMENDED (A)
STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11** / **07** / **2006** in the State of **MD**
(c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **07** / **01** / **2006** through **09** / **30** / **2006**

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 **HARRY NICE MUIR**
Signature of Treasurer **[Signature]** Date **10** / **19** / **2006**

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 table with 7 columns and 1 row. **FEC FORM 3 (Revised 02/2003)**

26039243566

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

REPUBLICAN
FIRST CONGRESSIONAL DISTRICT COMMITTEE (MANNING)

Report Covering the Period: From: *09* *01* *2006* To: *09* *30* *2006*

26039243567

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<i>NONE</i>	
(b) Total Contribution Refunds (from Line 20(d))	<i>NONE</i>	
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<i>NONE</i>	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>NONE</i>	
(b) Total Offsets to Operating Expenditures (from Line 14)	<i>NONE</i>	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<i>NONE</i>	
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>\$470.11</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>NONE</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>NONE</i>	

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 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

First Congressional District Republican Committee Maryland

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM *THIS COMMITTEE HAS BEEN INACTIVE*

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

NONE

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

NONE

(b) Political Party Committees.....

NONE

(c) Other Political Committees (such as PACs).....

NONE

(d) The Candidate.....

NONE

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

NONE

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

NONE

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

NONE

(b) All Other Loans.....

NONE

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

NONE

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

NONE

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

NONE

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

NONE

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	NONE	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	NONE	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	NONE	
(b) Of All Other Loans.....	NONE	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	NONE	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	NONE	
(b) Political Party Committees.....	NONE	
(c) Other Political Committees (such as PACs).....	NONE	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	NONE	
21. OTHER DISBURSEMENTS.....	NONE	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	NONE	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	\$470.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	NONE
25. SUBTOTAL (add Line 23 and Line 24).....	\$470.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	NONE
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	\$470.11

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

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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 Committee *Maryland*

Full Name (Last, First, Middle Initial)

A. Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ _____

TOTAL This Period (last page this line number only) ▶ _____

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**SCHEDULE B (FEC Form 3)
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"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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 (Maryland)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement **NONE**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement **NONE**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement **NONE**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

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

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**SCHEDULE C (FEC Form 3)
LOANS**

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

PAGE OF
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (in Full)

First Congressional District Republican Committee Maryland

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
 General
 Other (specify) ▼

Mailing Address

NONE

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>First Congressional District Republican Committee</i>	FEC IDENTIFICATION NUMBER C00005975
---	---

LENDING INSTITUTION (LENDER) Full Name <i>NONE</i>	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address <i>NONE</i>	Date Incurred or Established ____/____/____	____/____/____
City _____ State _____ Zip Code _____	Date Due ____/____/____	____/____/____

A. Has loan been restructured? No Yes If yes, date originally incurred _____/_____/_____

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: _____/_____/_____

Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE ____/____/____
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE ____/____/____
--	-------	------------------------

26039243573

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMMITTEE Maryland

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

NONE

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

NONE

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

1) **SUBTOTALS** This Period This Page (optional)

[Empty box for subtotal 1]

2) **TOTALS** This Period (last page this line number only)

[Empty box for total 2]

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

[Empty box for total 3]

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

[Empty box for total 4]

26039243574

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>ADONE</i>		Report Covering Period: From: <input type="text"/> / <input type="text"/> / <input type="text"/>				To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A							
B	Column Total Last Page Only.....						
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	
A							
B							
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees	
A							
B							
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees	
A							
B							
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee	
A							
B							
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures				
A							
B							

26039243575

FEC FORM 3Z-1

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate	Candidate ID Number
<i>NA</i>	
Name of Principal Campaign Committee	Committee ID Number
	C
Committee Address	
<i>NONE</i>	
City	State ZIP

Report Covering Period (check one) through June 30, or through December 31 of the year preceding the year of the general election

	Primary	General
1. Gross receipts of authorized committees.....		
2. Aggregate amount of contributions from personal funds of the candidate ...		
3. Gross receipts minus the candidate's personal contributions.....		

26039243576

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SEI
 PREPARER
 (3/2005)

10/24/06
 DATE PREPARED

26039245577