REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
97 NOV 20 PM 2:15
H.D.

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Democratic Senatorial Campaign Committee

ADDRESS (number and street) ☐ Check if different than previously reported
430 South Capitol Street, S.E.

CITY, STATE and ZIP CODE
Washington, D.C. 20003

2. FEC IDENTIFICATION NUMBER
C00042366

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

☐ 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 _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1 through April 30, 1997		
6. (a) Cash on Hand January 1, 19 97		$ 102,315.54
(b) Cash on Hand at Beginning of Reporting Period	$ 373,748.02	
(c) Total Receipts (from Line 18)	$ 682,773.84	$ 4,549,128.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,056,521.86	$ 4,651,444.46
7. Total Disbursements (from Line 30)	$ 856,348.01	$ 4,451,270.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 200,173.85	$ 200,173.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 1,063.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 3,677,879.81	

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
Paul Johnson

Signature of Treasurer [signature]

Date
11/20/97

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)

FESAN066