

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

REC-112  
FEDERAL ELECTION COMMISSION  
COMMISSION MAIL ROOM

JAN 22 12 32 PM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
First Congressional District Republican Committee

ADDRESS (number and street)  Check if different than previously reported  
407 E. CAMPUS Ave.

CITY, STATE and ZIP CODE  
Chesterdown, 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 <u>11/24/98</u> through <u>12/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 563.02
(b) Cash on Hand at Beginning of Reporting Period	\$ 184.80	
(c) Total Receipts (from Line 18)	\$ 0	\$ 100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 184.80	\$ 663.02
7. Total Disbursements (from Line 30)	\$ 0	\$ 478.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 184.80	\$ 184.80
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)	\$ 100.00	

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: 1/18/99

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3429

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

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FEC FORM 3X

(revised 9/98)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

C-0005975 (revised 1/1/81)

NAME OF COMMITTEE

*State of MD*  
*First Congressional District Republican Comm*

REPORT COVERING PERIOD

FROM *11/24/98* TO *12/31/98*

	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)
i. Itemized (use Schedule A) .....			11(a)(i)
ii. Unitemized .....			11(a)(ii)
iii. Total ..... (add i and ii) >			11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions ..... (add a ii, b and c) >			11(d)
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17. Other Federal Receipts (Dividends, Interest, etc.) .....			17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>0</i>	<i>100.00</i>	19
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	<i>0</i>	<i>100.00</i>	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....			21(b)
c. Total Operating Expenditures ..... (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds ..... (add a, b and c) >			28(d)
29. Other Disbursements .....	<i>0</i>	<i>478.22</i>	29
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>0</i>	<i>478.22</i>	30
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	<i>0</i>	<i>478.22</i>	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	<i>0</i>	<i>100.00</i>	32
33. Total Contribution Refunds (from line 28d) .....	<i>0</i>	<i>0</i>	33
34. Net Contributions (other than loans) (subtract line 33 from line 32) .....	<i>0</i>	<i>100.00</i>	34
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >	<i>0</i>	<i>478.22</i>	35
36. Offsets to Operating Expenditures (from line 15) .....	<i>0</i>	<i>0</i>	36
37. Net Operating Expenditures ..... (subtract line 36 from line 35) >	<i>0</i>	<i>478.22</i>	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11

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 (State of MD)* C-00005975

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

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

*0*

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

*0*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

First Congressional District Republican Committee (State of MD) C-00005975

A. 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
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) .....

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

0

0

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 1-20-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>Jm 13</i> PREPARER	1-20-99 DATE PREPARED