

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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ELECTION  
GOV. ELECTION BAL ROOM

MAR 24 11 33 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  Robert F. Myers Jr. DC 37 AFSCME, PEOPLE P.O. BOX 2882 Church Street Station New York, NY 10008		Previously reported
2. FEC IDENTIFICATION NUMBER C 00149211		
3. <input type="checkbox"/> 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	2/1/97 through 2/28/97		
6. (a) Cash on Hand January 1, 1997			\$ 123,040.02
(b) Cash on Hand at Beginning of Reporting Period		\$ 31,173.63	
(c) Total Receipts (from Line 19)		\$ 47,752.42	\$ 78,926.05
(d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(c) for Column B)		\$ 78,926.05	\$ 201,966.07
7. Total Disbursements (from Line 30)		\$ 31,173.63	\$ 154,213.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 47,752.42	\$ 47,752.42
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 20463 Toll Free 800-424-9530 Local 202-219-3420
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 Robert F. Myers Jr.	Date 3/19/97
Signature of Treasurer <i>Robert F. Myers Jr.</i>	

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