REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

SECRETARY OF THE SENATE

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(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 S. Capitol St., S.E.

CITY, STATE and ZIP CODE

Washington, D.C. 20003

2. FEC IDENTIFICATION NUMBER

C00042356

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	[X] 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? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period June 1 through June 30		
6. (a) Cash on Hand January 1, 19 99		$ 71,210.19
(b) Cash on Hand at Beginning of Reporting Period	$ 1,890,702.06	
(c) Total Receipts (from line 19)	$ 1,224,968.57	$ 6,392,803.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,115,670.63	$ 8,464,013.31
7. Total Disbursements (from Line 30)	$ 734,469.87	$ 6,082,812.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,381,200.76	$ 2,381,200.76
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)	$ -0-	

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: Andrew Grossman

Signature of Treasurer

Date: 1/31/00

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

FEC FORM 3

(revised 9/95)