REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

MAY 27 11 24 AM '97

1. NAME OF COMMITTEE (In Full)
Bartlett For Congress

ADDRESS (number and street) ☐ Check if different that previously reported.
4317 Buckeystown Pike

CITY, STATE, and ZIP CODE
Frederick, MD 21704

STATE / DISTRICT
MD / 6

2. FEC IDENTIFICATION NUMBER
C00255190

3. IS THIS REPORT AN AMENDMENT?
☒ YES ☐ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Quarterly Report

☐ July 31 Mid-Year-Report (Non-election Year Only)

☐ 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 _____

☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/26/96 through 12/31/96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (form Line 11(e))	$100	$210,067
(b) Total Contributions Refunds (from Line 20(d))	$0	$0
(c) Net Contributions (other than loans)(subtract Line 6(b) form 6(a))	$100	$210,067
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$4,426	$185,846
(b) Total Offsets to Operation Expenditures (from Line 14)	$0	$289
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$4,426	$185,557
8. Cash on Hand at Close of Reporting Period (from line 27)	$207,321	
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)	$170,467	

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
Perry, Robert .

Signature of Treasurer

Date

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 3
(revised 4/87)