

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 17 P 3 5

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (see Form 101)

C00005975 060500 N 219

DAN BROOK

FIRST CONGRESSIONAL DISTRICT R

REPUBLICAN COMMITTEE *

407 CAMPUS AVE

CHESTERTOWN MD 21620

2. FEC IDENTIFICATION NUMBER
C-00005975

3. This committee has qualified as a multic
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

March 20 July 20 November

April 20 August 20 December

May 20 September 20 January

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General _____

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period _____ through _____	COLUMN A This Period	COLUMN B Calendar Year-to-
6. (a) Cash on Hand January 1, 2000		\$ 487.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 571.21	
(c) Total Receipts (from Line 19)	\$ 244.20	\$ 494.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 815.41	\$ 981.91
7. Total Disbursements (from Line 30)	\$ 0	\$ 166.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 815.41	\$ 815.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information Federal Election Comm 999 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-694-1100
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
DANIEL H. BROOK

Signature of Treasurer
Daniel H Brook

Date
7/14/00

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

FEC FO
(rev)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1)

NAME OF COMMITTEE

First Congressional District Republican Comm

REPORT COVERING PERIOD

FROM *4/1/00* TO *6/30/00*

COLUMN A
Total This Period

COLUMN B
Calendar Year

I. Receipts

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A)
 - ii. Unitemized
 - iii. Total (add i and ii) >
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contributions (add a iii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees
- 13. All Loans Received
- 14. Loan Repayments Received
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees
- 17. Other Federal Receipts (Dividends, Interest, etc.)
- 18. Transfers from Nonfederal Account for Joint Activity
- 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts (subtract line 18 from line 19) >

<i>244.20</i>	<i>\$94.2</i>
<i>244.20</i>	<i>\$94.2</i>
<i>244.20</i>	<i>\$94.2</i>
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<i>244.20</i>	<i>\$94.2</i>
<i>244.20</i>	<i>\$94.2</i>

II. Disbursements

- 21. Operating Expenditures:
 - a. Shared Federal/Non-Federal Activity (from Schedule H4)
 - i. Federal Share
 - ii. Non-Federal Share
 - b. Other Federal Operating Expenditures
 - c. Total Operating Expenditures (add a i, a ii, and b) >
- 22. Transfers to Affiliated/Other Party Committees
- 23. Contributions to Federal Candidates/Committees and Other Political Committees
- 24. Independent Expenditures (use Schedule E)
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)
- 26. Loan Repayments Made
- 27. Loans Made
- 28. Refunds of Contributions To:
 - a. Individual/Persons Other Than Political Committees
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contribution Refunds (add a, b and c) >
- 29. Other Disbursements
- 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

<i>0</i>	<i>766.5</i>
<i>0</i>	<i>166.5</i>
<i>0</i>	<i>166.5</i>

III. Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans)(from line 11d)
- 33. Total Contribution Refunds (from line 28d)
- 34. Net Contributions (other than loans)(subtract line 33 from 32)
- 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15)
- 37. Net Operating Expenditures (subtract line 36 from 35) >

<i>244.20</i>	<i>\$94.2</i>
<i>0</i>	<i>0</i>
<i>244.20</i>	<i>\$94.2</i>
<i>0</i>	<i>0</i>
<i>0</i>	<i>0</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1

FOR LINE NO. 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 other 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

C-00005975

(State of MD)

A. Full Name, Mailing Address and ZIP Code
Dorchester County Repub. Central Comm.
1608 Hudson Road
Cambridge MD 21613

Name of Employer
 Occupation

Date (month, day, year)
5/25/00

Amount Receipt In
\$50.

Receipt For: Primary General
 Other (specify): Annual Contribution

Aggregate Year-to-Date \rightarrow \$ 6

B. Full Name, Mailing Address and ZIP Code
Sharon Carrick
404 Friendship Lane
Centreville, MD 21617

Name of Employer
 Occupation

Date (month, day, year)
6/7/00

Amount Receipt In
94.

Receipt For: Primary General
 Other (specify): Luncheon Proceeds

Aggregate Year-to-Date \rightarrow \$

C. Full Name, Mailing Address and ZIP Code
Caroline County Republican Central Comm.
8603 Sherwood Lane
Denton MD 21629

Name of Employer
 Occupation

Date (month, day, year)

Amount Receipt In
50.

Receipt For: Primary General
 Other (specify): Annual Contribution

Aggregate Year-to-Date \rightarrow \$

D. Full Name, Mailing Address and ZIP Code
Queen Annes County Repub. Central Comm.
404 Friendship Lane
Centreville, MD 21617

Name of Employer
 Occupation

Date (month, day, year)

Amount Receipt In
50.

Receipt For: Primary General
 Other (specify): Annual Contribution

Aggregate Year-to-Date \rightarrow \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer
 Occupation

Date (month, day, year)

Amount Receipt In

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \rightarrow \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer
 Occupation

Date (month, day, year)

Amount Receipt In

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \rightarrow \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer
 Occupation

Date (month, day, year)

Amount Receipt In

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \rightarrow \$

SUBTOTAL of Receipts This Page (optional)

24

TOTAL This Period (last page this line number only)

24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE

FOR LINE NO.

1
29

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 other 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 Comm.

C-0000597
(State of MD)

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 Disbursement
NONE			
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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 7-15-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	


PREPARER

7-17-00
DATE PREPARED