

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

96/2

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

FEB 4 1 32 PM '97

FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)		120876 P 209	
C00009845 JULES J. HERMELSTEIN MONTGOMERY COUNTY DEMOCRATIC C OMMITTEE FEDERAL ACT 30 W ALBY STREET MORRISTOWN PA 18901		ated	
2. FEC IDENTIFICATION NUMBER		C00009845	
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	12/6/96 through 12/31/96		
6. (a) Cash on Hand January 1, 1996			\$ -0-
(b) Cash on Hand at Beginning of Reporting Period		\$ 750.00	
(c) Total Receipts (from Line 1B)		\$ 2,150.00	\$ 15,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 2,900.00	\$
7. Total Disbursements (from Line 3C)		\$ 2,500.00	\$ 15,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 400.00	\$
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

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	JULES J. HERMELSTEIN	Date	1/27/97
Signature of Treasurer	<i>Jules J. Hermelstein</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.

1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5
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FEC FORM 3X  
(revised 9/93)

FEB 20 1997

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

(revised 1/1/81)

NAME OF COMMITTEE  
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACT

REPORT COVERING PERIOD  
FROM 12/16/96 TO: 12/31/96

		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			
	i. Itemized (use Schedule A)	1,750.00	13,000.00	11(a)(i)
	ii. Unitemized	400.00	400.00	11(a)(ii)
	iii. Total (add i and ii)	<u>2,150.00</u>		11(a)(iii)
b.	Political Party Committees	0.00	2,000.00	11(b)
c.	Other Political Committees (such as PACs)	0.00		11(c)
d.	Total Contributions (add a, b, and c)	<u>2,150.00</u>		11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00		12
13.	All Loans Received	0.00		13
14.	Loan Repayments Received	0.00		14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00		15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00		16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00		17
18.	Transfers from Nonfederal Account for Joint Activity	0.00		18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	<u>2,150.00</u>		19
20.	Total Federal Receipts (subtract line 18 from line 19)			20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
	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, 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)	<u>2,500.00</u>	15,000.00	25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/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			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	<u>2,500.00</u>	15,000.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30)			31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	2,150.00		32
33.	Total Contribution Refunds (from line 28d)	0.00		33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	2,150.00		34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b)			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35)			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF FOR LINE NUMBER

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)

ME DC Federal Account

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bayard Thayer Storey 1919 Broad/wine Street Philadelphia Pa 19130 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Univ. of Pennsylvania Occupation: Professor Aggregate Year-to-Date > \$ 1000.00	12/7/96	\$ 1000.00
JAMES H. BRYSON 98 STANTON AVE BLUE Bell PA 19422 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	JAMES BRYSON - ASSOC Occupation: INSURANCE Broker Aggregate Year-to-Date > \$ 100.00	12/10/96	100.00
NORA WINKELMAN 205 DUDLEY AVE NARBURTH PA 19072 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Huggler & Silverman Occupation: ATTORNEY Aggregate Year-to-Date > \$ 100.00	12/7/96	100.00
PAUL JAY FINK 300 MEMROSE RD MILLION PA 19066 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	SELF-EMPLOYED Occupation: Doctor Aggregate Year-to-Date > \$ 50.00	12/8/96	50.00
MORGAN R. JONES 1346 Chestnut Street Philadelphia Pa 19107 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: ATTORNEY Aggregate Year-to-Date > \$ 250.00	12/7/96	250.00
Philip Kind 1776 Oak Hill Drive HUNTINGDON VALLEY PA 19086 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Retired Aggregate Year-to-Date > \$ 500.00	12/7/96	500.00
Haldor Reinhold 8470 LIMEKILN PIKE, Apt B122 WYNCOTE PA 19095 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Retired Aggregate Year-to-Date > \$ 50.00	12/10/96	50.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

2150.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

*MCDL Federal Account*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Peter Stekol 709 Fernbrook Ave Plymouth Pa 19095</i>		<i>12/15/96</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Retired</i>	Aggregate Year-to-Date: <i>&gt; \$ 100.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: <i>\$</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: <i>\$</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: <i>\$</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: <i>\$</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: <i>\$</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: <i>\$</i>	

SUBTOTAL of Receipts This Page (optional) .....	<i>100.00</i>
TOTAL This Period (last page this line number only) .....	<i>2150.00</i>

**SCHEDULE F**

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

Page \_\_\_\_ of \_\_\_\_ for  
LINE NUMBER \_\_\_\_

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full) <b>Montgomery County Democratic Committee Federal Account</b>				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: <b>DEMOCRATIC CONGRESSIONAL Campaign Committee</b>				
Full Name, Mailing Address and ZIP Code of Subordinate Committee <b>30 W. Airy Street NORRISTOWN PA 19401</b>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
<b>Kennedy Printing 5534 BALTIMORE AVE Philadelphia PA 19143</b>	<b>Joseph M. Hoofel PA 13th CONGRESS (9)</b>	<b>Printing costs</b>	<b>12/10/96</b>	<b>\$2500.00</b>
Aggregate General Election Expenditure for this Candidate—\$ <b>15000.00</b>			<b>PA 13617</b>	
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional).....				<b>\$2500.00</b>
TOTAL This Period (last page this line number only).....				<b>2500.00</b>

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 1-29-97
<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

*K. B.*  
PREPARER

2-4-97  
DATE PREPARED