REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Burson-Marsteller Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1801 K Street, NW
Suite 901-L

CITY, STATE, and ZIP CODE
Washington DC 20006

RECEIVED FEDERAL ELECTION COMMISSION

2. FEC IDENTIFICATION NUMBER
C00201863

3. ☐ This committee has qualified as a multi-candidate 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 _____ (election type)
election on _____ in the State of _____

☒ Thirtieth day report following the General Election
on 12/03/1998 in the State of DC

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 11/03/1998 through 12/03/1998	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 1998		1193.30
(b) Cash on Hand at Beginning of Reporting Period	-1930.84	-
(c) Total Receipts (from line 19)	3499.14	41704.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1568.30	42897.66
7. Total Disbursements (from line 30)	0.00	41329.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1568.30	1568.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	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)	0.00	

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
Mr. Peter Slone

Signature of Treasurer

Date 12/03/1998

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 3X
(revised 9/93)

4-00173