REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
US Immigration Reform PAC

ADDRESS (number and street) ☐ Check if different than previously reported
C/O TEXTILE Home CLASSICS 1450 BROADWAY 17 FLOOR

CITY, STATE and ZIP CODE
New York, NY 10018

Dec 12 [illegible]

2. FEC IDENTIFICATION NUMBER
C00253906

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)
Post General Elections Report
☐ 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 10-1-94 through 11-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 24541
(b) Cash on Hand at Beginning of Reporting Period	$ 33513	
(c) Total Receipts (from Line 19)	$ 17413	$ 34634
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 50926	$ 59175
7. Total Disbursements (from Line 30)	$ 12252	$ 20507
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 38674	$ 38674
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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: JAMES R BARNES

Signature of Treasurer: James R Barnes

Date: 12/8/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: US Immigration Reform PAC

REPORT COVERING PERIOD FROM 10-1-94 TO: 11-30-94

	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)	6500	21650	11(a)(i)
ii. Unitemized	10710	12335	11(a)(ii)
iii. Total (add i and ii) ➤	17210	33985	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	17210	33985	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	203	649	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17413	34634	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17413	34634	20
II. Disbursements			
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	9752	16501	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500	4000	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			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) ➤	12252	20501	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	12252	20501	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2500	4000	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2500	4000	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	9752	16501	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	9752	16501	37

6-00173

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 5
	FOR LINE NUMBER 11a1

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): US Immigration Reform PAC

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: MS. SALY EPSTEIN, 5620 OREGON AVE NW, WASH DC 20015	Name of Employer: NOT EMPLOYED	10/15/94	1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation:		
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: C. Henry Buhl, III, 11883 WIMBLEDON CIR., WEST PALM Beach, FL 33414	Name of Employer: SELF employed	11/2/94	2500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation:		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: DON COLLINS, 5620 OREGON AVE N.W, WASH. DC 20015	Name of Employer: SELF employed	11/15/94	1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation:		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: JIM BARNES, 437 CLINTON AVE, BROOKLYN, NY 11238	Name of Employer: TEXTILE Home classics	11/10/94	1000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: TEXTILES		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code:	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation:		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code:	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation:		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code:	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation:		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	6500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

US IMMIGRATION Reform PAC

A. Full Name, Mailing Address and ZIP Code SHELBY FOR U.S. SENATE	Purpose of Disbursement CONTRIBUTION to Shelby Senate candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/1/94	Amount of Each Disbursement This Period 2000.00
B. Full Name, Mailing Address and ZIP Code BRIAN BILBRAY FOR Congress	Purpose of Disbursement CONTRIBUTION to Bilbray House candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/1/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	2500.00

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4-00173

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12/9/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PKY — PREPARER

12/13/94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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