# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 25 1 12 PM '99

1. NAME OF COMMITTEE (in full)
**Human Rights Campaign PAC**

ADDRESS (number and street) ☐ Check if different than previously reported
**919 18th Street NW**
**Suite 800**

CITY, STATE and ZIP CODE
**Washington, DC 20006**

2. FEC IDENTIFICATION NUMBER
**C00235853**

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)
☐ 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** 5. Covering Period 2/1/1999 through 2/28/1999 | **COLUMN A This Period** | **COLUMN B Calendar Year-to-Date** |
|---|---|---|
| 6. (a) Cash on Hand January 1, 1999 | | $ 215,884.35 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 227,337.99 | |
| (c) Total Receipts (from Line 19) | $ 17,622.03 | $ 44,156.54 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 244,960.02 | $ 260,040.89 |
| 7. Total Disbursements (from Line 30) | $ 8,552.17 | $ 23,633.04 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 236,407.85 | $ 236,407.85 |
| 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 | |

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
**Elizabeth Birch**

Signature of Treasurer

Date 3-19-99

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)