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): HUMAN RIGHTS CAMPAIGN FUND PAC

ADDRESS (number and street) ☐ Check if different than previously reported: 1114 14TH ST, NW SECOND FLOOR

CITY, STATE and ZIP CODE: WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER: C00235333

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19____		$ 68462.10
(b) Cash on Hand at Beginning of Reporting Period	$ 1361.95	
(c) Total Receipts (from Line 19)	$ 41494.14	$ 412355.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 42856.09	$ 410796.11
7. Total Disbursements (from Line 30)	$ 1225.01	$ 491191.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 39631.08	$ 39604.08
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: ELIZABETH BIRCH

Signature of Treasurer: [signature] Date: 1/25/95

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)