REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 19 2 09 PM '95

1. NAME OF COMMITTEE (in full)
Credit Union Legislative Action Council of CUNA

ADDRESS (number and street) ☐ Check if different than previously reported.
805 15th Street, NW Suite 300

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00007880

3. ☐ This committee 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	XX 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 08/01/95 through 08/31/95		
6. (a)	Cash on Hand January 1, 19 95		$82083.78
(b)	Cash on Hand at Beginning of Reporting Period	$99046.14	
(c)	Total Receipts (from Line 19)	$15744.46	$239526.17
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$114790.60	$321609.95
7.	Total Disbursements (from Line 30)	$10034.83	$216854.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$104755.77	$104755.77

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~~ Assistant Treasurer
John J. McKechnie, III

Signature of ~~Treasurer~~ Assistant Treasurer
John J. McKechnie III

Date
9/19/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3X
(Revised 9/93)

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