REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2001 MAR 28 P 12:59

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Federation of State, County, and Municipal Employees--Public Employees Organized to Promote Legislative Equality

ADDRESS (number and street) ☐ Check if different than previously reported

1625 L Street, Northwest

CITY, STATE and ZIP CODE

Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
C00011114

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 Comprehensive Amendment

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 1/1/98 through 12/31/98		
6. (a)	Cash on Hand January 1, 19 98		$1,029,648.06
(b)	Cash on Hand at Beginning of Reporting Period	$1,029,648.06	
(c)	Total Receipts (from Line 19)	$4,115,826.16	$4,115,826.16
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$5,145,474.22	$5,145,474.22
7.	Total Disbursements (from Line 30)	$4,687,479.35	$4,687,479.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 457,994.87	$ 457,994.87
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

Signature of Treasurer

Date 3/27/01

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)
FEAN101