RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 7 2 33 PM '96

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

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 Ste. 300

CITY, STATE and ZIP CODE
Washington, DC 20005-2207

2. FEC IDENTIFICATION NUMBER
C00007880

3. [X] 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 [X] 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 [X] NO

**SUMMARY**

5. Covering Period 07/01/96 through 07/31/96

| | | COLUMN A This Period | COLUMN B Calendar Year-to-date |
|---|---|---|---|
| 6. | (a) Cash on Hand January 1, 19 96 | | $80417.40 |
| | (b) Cash on Hand at Beginning of Reporting Period | $112348.85 | |
| | (c) Total Receipts (from Line 19) | $24150.88 | $242918.82 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $136499.73 | $323336.22 |
| 7. | Total Disbursements (from Line 30) | $16290.62 | $203127.11 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $120209.11 | $120209.11 |
| 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 ~~XXXXX~~ Assistant Treasurer
Sonja S. Simmons, Assistant Treasurer

Signature of Treasurer Sonja Simmons

Date August 7, 1996

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)