REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Human Rights Campaign
1101 14th Street, NW Suite 200

ADDRESS (number and street) ___ Check if different than previously reported
Washington, DC 20005

CITY, STATE and ZIP CODE

2. FEC IDENTIFICATION NUMBER
C00235853

3. This committee qualified as a multi-candidate cmte DURING THIS Reporting period on _____ (date).

MAR 24 12 25 PM '97

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	X 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? X YES ___ NO

SUMMARY

5. Covering Period 09/01/96 through 09/30/96

		COLUMN A This Period	COLUMN B Calendar Year-To-Date
6.	(a) Cash on Hand January 1, 19 96		$ 84,120.88
	(b) Cash on Hand at Beginning of Reporting Period	$ 173,297.21	
	(c) Total Receipts (from Line 19)	$ 173,682.72	$ 625,329.89
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 346,979.93	$ 709,450.77
7.	Total Disbursements (from Line 30)	$ 231,015.36	$ 593,986.25
8.	Cash on Hand at Close of Period (subtract Line 7 from 6(d))	$ 115,964.57	$ 115,964.52
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 more info contact:
Federal Election Comm
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 3/20/97

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

FEC FORM 3X