REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 18 1 02 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Future Leaders

ADDRESS (number and street) ☐ Check if different than previously reported
1155 21st St., NW Suite 300

CITY, STATE and ZIP CODE
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER
C00286940

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 _____ election on _____ in the State _____ (Type of Election)

☐ 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 _____ through _____		$ $270.51
6. (a) Cash on Hand January 1, 19____	$ $270.51	
(b) Cash on Hand at Beginning of Reporting Period	$ $0.00	$ $0.00
(c) Total Receipts (from Line 19)	$ $270.51	$ $270.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ $0.00	$ $0.00
7. Total Disbursements (from Line 30)	$ $270.51	$ $270.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ $0.00	
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)		

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
Barbara E. Wixon - Assistant Treasurer

Signature of Treasurer
Barbara E. Wixon

Date
6/17/99

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)