REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

Feb 22 2 51 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Human Rights Campaign Fund Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported: 1012 14th St., NW #607

CITY, STATE and ZIP CODE: Washington, DC 20005

2. FEC IDENTIFICATION NUMBER: C00235853

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-31-93 through 1-31-93		
6. (a) Cash on Hand January 1, 19 3		$ 43,798.67
(b) Cash on Hand at Beginning of Reporting Period	$ 43,798.67	
(c) Total Receipts (from Line 19)	$ 21,182.40	$ 21,182.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 64,981.07	$ 64,981.07
7. Total Disbursements (from Line 30)	$ 4,833.69	$ 4,833.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 60,147.38	$ 60,147.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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: Timothy I McFeeley

Signature of Treasurer: Timothy I McFeeley

Date: 19 Feb 93

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 1/1/91)

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