REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 1 2 03 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
U.S. Immigration Reform PAC

ADDRESS (number and street) ☐ Check if different than previously reported
c/o TEXTILE Home CLASSICS 1450 BROADWAY 17 FLOOR

CITY, STATE and ZIP CODE
NEW YORK, N.Y. 10018

2. FEC IDENTIFICATION NUMBER
C00253906

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-95 through 12-31-95		
6. (a) Cash on Hand January 1, 19 95		$ 32333
(b) Cash on Hand at Beginning of Reporting Period	$ 15041	
(c) Total Receipts (from Line 19)	$ 20334	$ 28128
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 35375	$ 60461
7. Total Disbursements (from Line 30)	$ 9208	$ 34294
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 26167	$ 26167
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 JAMES R BARNES

Signature of Treasurer James R Barnes — Date 1/26/96

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)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: U.S. Immigration Reform PAC

REPORT COVERING PERIOD FROM 7-1-95 TO 12-31-95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	19000	25350	11(a)(i)
ii. Unitemized	952	1860	11(a)(ii)
iii. Total (add i and ii) ➤	19952	27210	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	19952	27210	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	382	918	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	20334	28128	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	20334	28128	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	7708	26294	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500	8000	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9208	34294	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	9208	34294	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19952	27210	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19952	27210	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	7708	26294	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	7708	26294	37

FESAN088

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

U.S. Immigration Reform PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOHN TREVOR 425 WORTH AVE APT 5-F PALM BEACH, FL 33480 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: RETIRED Occupation: Aggregate Year-to-Date > $	12/7/95	5000.00
B. JOHN AND MARY LOU TANTON 2957 ATKINS RD PETOSKEY, MI 49770 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: MD Occupation: Aggregate Year-to-Date > $	11/13/95	5000.00
C. DON COLLINS 5620 OREGON AVE WASH DC 20015 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: Retired Occupation: Aggregate Year-to-Date > $	11/4/95	500.00
D. Gerda Bikales 6711 PINE CREEK COURT McLean VIRGINA Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	12/12/95	200.00
E. SARAH EPSTEIN 5620 OREGON AVE WASH. D.C 20015-1132 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF Occupation: ART Lecturer Aggregate Year-to-Date > $		200.00
F. STUART BARBER 3021 JOHN MARSHALL DR ARLINGTON VA 22207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Retired Occupation: Aggregate Year-to-Date > $		500.00
G. CATHERINE CURRAN 800 PARK AVE NEW YORK NY 10021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Retired Occupation: Aggregate Year-to-Date > $		200.00

SUBTOTAL of Receipts This Page (optional) ..... >

TOTAL This Period (last page this line number only) ..... >

FE5AN064

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full): U.S. IMMIGRATION Reform PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JACK COOKSEY, 2505 AVONDALE, EVANSTON, IL 60201 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: / Occupation: / Aggregate Year-to-Date $		1000.00
B. BRUCE DILLINGHAM, PO BOX 315, Wheaton IL 60189 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: / Occupation: / Aggregate Year-to-Date $		2000.00
C. ED HARTE, 222 OHIO ST., CORPUS CHRISTI, TX 78404 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Retired / Occupation: Publisher / Aggregate Year-to-Date $		500.00
D. DOROTHY BLAIR, 1770 Galleon Drive, NAPLES FLORIDA 33940 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Retired / Occupation: / Aggregate Year-to-Date $		1000.00
E. EDITH BLODGETT, 2740 Littlefield NE, GRAND RAPIDS, MI 49506 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: / Occupation: / Aggregate Year-to-Date $		400.00
F. Henry Buhl, 11 Greene St., N.Y. N.Y. 10012 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF employed / Occupation: / Aggregate Year-to-Date $	12/15/95	2500.00
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: / Occupation: / Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	19000

FE3AN060

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
U. S. Immigration Reform PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bell Atlantic P.O. Box 646 Baltimore, MD 21265	Phone Disbursement for: Primary General Other (specify)	7/3 7/14 8/1	55.99 38.61 196.63
B. Bell Atlantic cont	Purpose of Disbursement Disbursement for: Primary General Other (specify)	9/28 11/5 12/18	54.86 34.23 32.42
C. Merrill Lynch 4400 Route 9 South Freehold NJ 07728	Purpose of Disbursement BANK Disbursement for: Primary General Other (specify)	7/5	150.00
D. SHARON STEIN 5534 Nevada Ave WASH. D.C. 20015	Purpose of Disbursement Office Rent + Mgr. Disbursement for: Primary General Other (specify)	7/14 7/31 10/27	Amount of Each Disbursement This Period 800.00 1600.00 800.00
E. SHARON STEIN CONT	Purpose of Disbursement Disbursement for: Primary General Other (specify)	11/20 12/26 12/31	800.00 1000.00 1000.00
F. Office Depot	Purpose of Disbursement INK CARTRIDGE Disbursement for: Primary General Other (specify)	8/23	80.75
G. MAIL BOXES	Purpose of Disbursement Rental Disbursement for: Primary General Other (specify)	10/4	360.00
H. U.S. POST	Purpose of Disbursement POSTAGE Disbursement for: Primary General Other (specify)	12/5 12/20	89.60 320.00
I. BULMAR 8528-G TYCO ROAD Vienna, Va. 22182	Purpose of Disbursement Print Newsletter Disbursement for: Primary General Other (specify)	12/10	222.30

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FEBAN005

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

U.S. IMMIGRATION PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STAPLES 9440 Georgia Ave Silver Springs MD	Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/26	71.94
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 7708

FE5AN060

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

U.S. Immigration Reform PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code GALLEGLY FOR Congress	Purpose of Disbursement Contribution to Elect Gallegly Political Camp. Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	9/12/95	1000.00
B. Full Name, Mailing Address and ZIP Code THE Reed Committee	Purpose of Disbursement Contribution to Jack Reed Political Camp. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/13/95	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 1500.00

FE5AN088

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1/29/96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MM
PREPARER

2/1/96
DATE PREPARED

FEC FORM 70-2 (12/92)