[illegible]

For Other Than An Authorized Committee

(Summary Page)

MAIL ROOM

FEB 22 2 37 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

The National Education Association
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported

1201 16th Street, N.W.

CITY, STATE and ZIP CODE

Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER

C00003251

3. ☐ This committee qualified as a multicandidate committee [illegible] Reporting Period [illegible]

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 _____ 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 1/1/93 through 1/31/93		
6. (a) Cash on Hand January 1, 19__		$ 301,391.78
(b) Cash on Hand at Beginning of Reporting Period	$ 301,391.78	
(c) Total Receipts (from Line 19)	$ 123,298.34	$ 123,298.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 424,690.12	$ 424,690.12
7. Total Disbursements (from Line 30)	$ 81,297.02	$ 81,297.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	$ 343,393.10	$ 343,393.10
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 202-376-3120

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

Debra DeLee - Treasurer Designee

Signature of Treasurer

D. DeLee

Date

2/19/93

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 3

(revised 1/1/8[illegible])

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