REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Human Rights Campaign

ADDRESS (number and street) ☐ Check if different than previously reported: 1101 14th St NW, Ste 200

CITY, STATE and ZIP CODE: Washington DC 2000

RECEIVED FEDERAL ELECTION COMMISSION

2. FEC IDENTIFICATION NUMBER: C00275453

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 6-1 through 6-30		
6. (a) Cash on Hand January 1, 1997		$61,098.90
(b) Cash on Hand at Beginning of Reporting Period	$189,926.89	
(c) Total Receipts (from Line 19)	$24,319.45	$221,324.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$214,246.34	$282,423.01
7. Total Disbursements (from Line 30)	$101,814.30	$169,991.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$112,431.94	$112,431.94
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 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: Elizabeth Birch

Signature of Treasurer: [signature] Date: 7-20-97

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)

FE3AN095