REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 1 | 06 PM '99

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

CITY, STATE and ZIP CODE
New York, NY 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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 11/24/98 through 12/31/98		
6.	(a) Cash on Hand January 1, 1998		$ 9717
	(b) Cash on Hand at Beginning of Reporting Period	$ 11649	
	(c) Total Receipts (from Line 19)	$ 10163	$ 25227
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 21812	$ 34944
7.	Total Disbursements (from Line 30)	$ 20	$ 13152
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 21792	$ 21792
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: 1/29/99

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 8/93)

PE2AK047

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

(revised 1/1/91)

NAME OF COMMITTEE: US IMMigration Reform PAC

REPORT COVERING PERIOD FROM 11/24/98 TO: 12/31/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8500 ~~8000~~	19000 ~~16500~~	11(a)(i)
ii. Unitemized	1515 ~~2015~~	5600 ~~6100~~	11(a)(ii)
iii. Total (add i and ii) ➤	10015	24600	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) ➤	10015	24600	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.)	148	627	17
18. Transfers from Nonfederal Account for Joint Activity	10163	25227	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤			19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10163	25227	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	20	2402	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		10750	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) ➤	20	13152	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	20	13152	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10015	24600	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10015	24600	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	20	2402	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	20	2402	37

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 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. CLIFFORD COLWELL JR MD 1829 SOLEDAD AVE. LA JOLLA, CA 92037 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Medical Doctor Occupation: DOCTOR Aggregate Year-to-Date > $	12/11/88	500.00
B. ROY C. PORTER 1711 Gosnell Road, Apt 12 VIENNA, VA. Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Retired Occupation: Aggregate Year-to-Date > $	11/25	500.00
C. CORDELIA MAY Two gateway center, Suite 1800 Pittsburgh, PA 15222 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Homeowner Occupation: Aggregate Year-to-Date > $	11/30/88	2500.00
D. EDWARD HARTE 222 OHIO CORPUS CHRISTI, TX 78404 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Retired Occupation: Aggregate Year-to-Date > $	11/30/88	5000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	10 015.00

FE7A/04/7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

U.S. IMMIGRATION Reform PAC

A. Full Name, Mailing Address and ZIP Code Merrill Lynch 4400 Route 9 So. Freehold, N.J. 07728.	Purpose of Disbursement Bank charges Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 11/30	Amount of Each Disbursement This Period 20 —
B. Full Name, Mailing Address and ZIP Code Merrill Lynch 4400 Route 9 So. Freehold, N.J. 07728	Purpose of Disbursement Bank charges Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 12/30	Amount of Each Disbursement This Period 20 —
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) ..... 40 —

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

FE7AB47

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 1-30-99
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☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
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PREPARER	2-1-99 DATE PREPARED

(4/98)