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 20005

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

Nov 20 11 04 AM '97

2. FEC IDENTIFICATION NUMBER: C00 235 853

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 9-1-97 through 9-30-97		
6. (a) Cash on Hand January 1, 19 97		$ 61,098.80
(b) Cash on Hand at Beginning of Reporting Period	$ 170,206.15	
(c) Total Receipts (from Line 18)	$ 27,113.25	$ 313,635.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 197,319.40	$ 374,734.07
7. Total Disbursements (from Line 30)	$ 2,618.35	$ 180,033.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 194,701.05	$ 199,701.05
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: _____ Date: _____

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)

FE3AN066