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 Suite 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: C00235853

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

5. Covering Period 8-1-97 through 8-31-97

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 97		$ 61,098.90
	(b) Cash on Hand at Beginning of Reporting Period	$ 137,493.10	
	(c) Total Receipts (from Line 19)	$ 36,290.35	$ 286,521.92
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 173,783.45	$ 347,610.82
7.	Total Disbursements (from Line 30)	$ 3,577.30	$ 177,404.67
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ $170,206.15	$ 170,206.15
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)

FE3AN058