REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2000 AUG 11 P 2:15

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Union of Needletrades, Industrial & Textile Employees Campaign Committee

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

1710 Broadway

CITY, STATE and ZIP CODE

New York, NY 10019

2. FEC IDENTIFICATION NUMBER
C00004861

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to 01/01/94

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 7/1/00 through 7/31/00		
6. (a) Cash on Hand January 1, 20 00		$ 1,214,134.53
(b) Cash on Hand at Beginning of Reporting Period	$ 851,549.40	
(c) Total Receipts (from Line 19)	$ 20,313.10	$ 84,762.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 871,862.50	$ 1,298,896.63
7. Total Disbursements (from Line 30)	$ 13,035.50	$ 440,069.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 858,827.00	$ 858,827.00
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
Albert Clampitt - Asst. Treasurer

Signature of Treasurer

Date 8/9/00

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 9/9