REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

DEC 8 10 53 AM '95

1. NAME OF COMMITTEE (in full)
HUMAN RIGHTS CAMPAIGN FUND PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1101 14TH STREET, NW, SUITE 200

CITY, STATE and ZIP CODE
WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER
C00235053

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 8/1/95 through 8/31/95		$ 39,604.08
6. (a) Cash on Hand January 1, 19 95		
(b) Cash on Hand at Beginning of Reporting Period	$ 124348.10	
(c) Total Receipts (from Line 19)	$ 57683.28	$ 265564.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 182031.38	$ 305168.97
7. Total Disbursements (from Line 30)	$ 71036.00	$ 194173.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 110995.38	$ 110995.38
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
A J PIETRANTONE, ASST TREASURER

Signature of Treasurer
A J Pietrantone

Date
12/4/95

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)

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