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)

C00220566 091994 p 244
DAVID CAIVANO
NEW YORK STATE LABORERS POLITI
CAL ACTION COMMITTEE
C/O LIUNA NY/NJ REGIONAL OFFIC
1435 MORRIS AVENUE
UNION NJ 07083

FEDERAL ELECTION COMMISSION MAIL ROOM
OCT 27 1 09 PM '94

2. FEC IDENTIFICATION NUMBER
C 00220566

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 GENERAL (Type of Election) election on 11/8/94 in the State of New York

☐ 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 October 1, 1994 through October 19, 1994		
6.	(a) Cash on Hand January 1, 1994		$ 165,456.04
	(b) Cash on Hand at Beginning of Reporting Period	$ 222,662.42	
	(c) Total Receipts (from Line 19)	$ 40,302.30	$ 685,060.84
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 262,964.72	$ 850,516.88
7.	Total Disbursements (from Line 30)	$ 76,377.58	$ 663,929.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 186,587.14	$ 186,587.14
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
DAVID CAIVANO

Signature of Treasurer
David Caivano

Date 10/24/94

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)

FE4AN101

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

(revised 1/1/91)

NAME OF COMMITTEE: NEW YORK STATE LABORERS POLITICAL ACTION COMM.

REPORT COVERING PERIOD FROM: October 1, 1994 TO: October 19, 1994

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)			11(a)(i)
ii. Unitemized	39,932.30	682,556.58	11(a)(ii)
iii. Total (add i and ii) ➤	39,932.30	682,556.58	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) ➤	39,932.30	682,556.58	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.)	370.00	577.68	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)		1,926.58	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	40,302.30	685,060.84	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	40,302.30	685,060.84	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	51,377.58	403,819.14	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	51,377.58	403,819.14	21(c)
22. Transfers to Affiliated/Other Party Committees	25,000.00	260,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			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		110.60	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) ➤		110.60	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	76,377.58	663,929.74	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	76,377.58	663,929.74	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39,932.30	682,556.58	32
33. Total Contribution Refunds (from line 28d)	0	110.60	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,932.30	682,445.98	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	51,377.58	403,819.14	35
36. Offsets to Operating Expenditures (from line 15)	370.00	577.68	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	51,007.58	403,241.46	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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)

NEW YORK STATE Laborers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. N.J. Re-Insurance Fund, West Trenton, N.J. 08628 — Receipt For: ☐ Primary ☐ General ☒ Other (specify): INSURANCE REFUND	Name of Employer: N/A; Occupation:	10/4/94	370.00
B.			
C.			
D.			
E.			
F.			
G.			

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) 370.00

TOTAL This Period (last page this line number only) 370.00

FE4AN10s

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE LABORERS' POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. CITIBANK P.O. BOX 5870 GRAND CENTRAL STA. NEW YORK, N.Y. 10163	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	4,757.29
B. NY STATE INCOME TAXES W.A. HARRIMAN CAMPUS ALBANY, N.Y. 12227	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	43.32
C. STATE OF N.J. T.G.I. CN 333 TRENTON, N.J. 08646	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	767.94
D. SAMUEL J. CAIVANO 228 GLEN AVENUE MILLBURN, N.J. 07041	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	1,190.72
E. CAROL BARBERIO 33 LYONS AVENUE Springfield, N.J. 07079	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	1,536.41
F. DAVID J. CAIVANO 228 GLEN AVENUE MILLBURN, N.J. 07041	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	2,276.58
G. KATHY FRESINA 7 CONESTOGA DR. SLINGERSLAND, N.Y. 12159	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	816.04
H. United Labor Life Ins. Co. 111 MASSACHUSETTS N.W. WASHINGTON, D.C. 20001	HEALTH INSURANCE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	891.16
I. N.Y.S. Laborers' PAC Employees Pension Trust 1435 MORRIS AVENUE UNION, N.J. 07083	Employee Benefits Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/94	401.00

SUBTOTAL of Disbursements This Page (optional) 12,680.46

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE Laborers' POLITICAL ACTION Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. BLAU, Soloway, Goldstein + Co. 515 MADISON AVENUE NEW YORK, N.Y. 10022	ACCOUNTING; Disbursement for: Primary / General / X Other (specify)	10/3/94	6,250.00
B. N.Y.S. Unemployment Insurance Box 1587 Albany New York 12227	Payroll taxes; Disbursement for: Primary / General / X Other (specify)	10/4/94	22.09
C. N.J. Employment Security Agency CN 256 TRENTON, N.J. 08646	Payroll taxes; Disbursement for: Primary / General / X Other (specify)	10/4/94	110.55
D. ORANSKY, Scaraggi, Borg + Abbamonte 377 South Harrison St. EAST ORANGE, N.J. 07018	Legal; Disbursement for: Primary / General / X Other (specify)	10/5/94	5,000.00
E. MEYER, Suozzi, English, Klein + Co. 1505 Kellom Place Mineola, N.Y. 11501	Lobbying; Disbursement for: Primary / General / X Other (specify)	10/7/94	21,706.76
F. SAWCHUK, BROWN, + ASSOCIATES 41 STATE Street, SUITE 500 ALBANY, N.Y. 12207	PROMOTIONAL MATERIALS; Disbursement for: Primary / General / X Other (specify)	10/17/94	5,000.00
G. PITNEY BOWES Credit Corp 100 OAK VIEW DR. TRUMBALL, CT. 06611	MACHINE RENTAL; Disbursement for: Primary / General / X Other (specify)	10/17/94	552.00
H. KATHY FRESINA 7 Conestoga Dr. Slingers land, N.Y. 12159	Reimbursed Expenses; Disbursement for: Primary / General / X Other (specify)	10/19/94	55.72
I.	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) 38,697.12

TOTAL This Period (last page this line number only) 51,377.58

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

NEW YORK STATE LABORERS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LABORERS POLITICAL LEAGUE 905 16th ST. N.W. WASHINGTON, D.C. 20006	PAID TO AN AFFILIATED PAC FOR FEDERAL ELECTION PURPOSES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/5/94	25,000.00
B. 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
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) 25,000.00

TOTAL This Period (last page this line number only) 25,000.00

FE4AN101

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
☑	Registered/Certified Mail	POSTMARKED 10/24/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.J.
PREPARER

10/27/94
DATE PREPARED

FEC FORM 70-2 (12/92)