REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 15 A 8:41

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): IUOE Local 825 Political Action + Ed. Committee

ADDRESS (number and street) ☐ Check if different than previously reported: 65 Springfield AVENUE

CITY, STATE and ZIP CODE: Springfield, N.J. 07081

2. FEC IDENTIFICATION NUMBER: C 000 17194

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
☐ April 20 ☐ August 20 ☐ December
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 4/1/00 through 6/30/00		
6. (a) Cash on Hand January 1, 19 2000		$ 66,993.2
(b) Cash on Hand at Beginning of Reporting Period	$ 73,278.63	
(c) Total Receipts (from Line 19)	$ 8,138.21	$ 26,325.1
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 81,416.84	$ 93,318.4
7. Total Disbursements (from Line 30)	$ 11,489.64	$ 23,391.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 69,927.20	$ 69,927.20
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ Ø	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800-424-9530, Local 202-694-1100

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: Joseph A. Whittles

Signature of Treasurer: [signature] Date: 7/11/00

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 (revised)

FE9AN103

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

(revised 1/

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 4/1/00 TO: 6/30/00

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)	Ø	Ø
ii. Unitemized	7,475.09	25,168.95
iii. Total (add i and ii) ➤	7,475.09	25,168.95
b. Political Party Committees	Ø	Ø
c. Other Political Committees (such as PACs)	Ø	Ø
d. Total Contributions (add a iii, b and c) ➤	7,475.09	25,168.95
12. Transfers From Affiliated/Other Party Committees	Ø	Ø
13. All Loans Received	Ø	Ø
14. Loan Repayments Received	Ø	Ø
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	Ø	Ø
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	Ø	Ø
17. Other Federal Receipts (Dividends, Interest, etc.)	663.12	1,156.21
18. Transfers from Nonfederal Account for Joint Activity	Ø	Ø
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,138.21	26,325.16
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,138.21	26,325.16
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	Ø	Ø
ii. Non-Federal Share	Ø	Ø
b. Other Federal Operating Expenditures	2,339.64	3,391.23
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2,339.64	3,391.23
22. Transfers to Affiliated/Other Party Committees	Ø	Ø
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,150.00	20,000.00
24. Independent Expenditures (use Schedule E)	Ø	Ø
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	Ø	Ø
26. Loan Repayments Made	Ø	Ø
27. Loans Made	Ø	Ø
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	Ø	Ø
b. Political Party Committees	Ø	Ø
c. Other Political Committees (such as PACs)	Ø	Ø
d. Total Contribution Refunds (add a, b and c) ➤	Ø	Ø
29. Other Disbursements	Ø	Ø
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,489.64	23,391.23
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,489.64	23,391.23
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	7,475.09	25,168.95
33. Total Contribution Refunds (from line 28d)	Ø	Ø
34. Net Contributions (other than loans)(subtract line 33 from 32)	7475.09	25,168.95
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2,339.64	3,391.23
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2,339.64	3,391.23

FEMAN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1

FOR LINE N 1

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 co[illegible] purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

IUOE, Local 825 Political Action + Education Committee

A. Full Name, Mailing Address and ZIP Code First Union National Bank Morris Avenue Union, N.J.	Name of Employer	Date (month, day, year) 4/1/00 - 4/30/00 4/30/00 - 5/31/00 6/1/00 - 6/30/00	Amount of Receipt this 167. 207.1 288.70
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Occupation		
	Aggregate Year-to-Date > $ 1,156.21		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 66

FEDMN121

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

IUOE, Local 825 Political Action + Education Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This
PROGRESSIVE Printing 338 Montgomery Street. Jeersey City, N.J. 07302	PAC Supplies (Letterhead + Envelopes) Disbursement for: [ ] Primary [ ] General [X] Other (specify)	4/20/00	1,862.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
Bell Atlantic - NJ P.O. Box 4833 Trenton, N.J. 08650	Phone Bill Disbursement for: [ ] Primary [ ] General [X] Other (specify)	4/25/00	64.77
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
AT+T P.O. Box 2964 Omaha Nebraska 68103	Long Distance Phone Disbursement for: [ ] Primary [ ] General [X] Other (specify)	4/21/00	25.56
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
American Express P.O. Box 114 Newark, N.J. 07101	PAC / Quick Books Checks + Deposit Slips Disbursement for: [ ] Primary [ ] General [X] Other (specify)	6/13/00	379.1
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
AT+T P.O. Box 2964 Omaha, Nebraska 68103	Long Distance Phone Disbursement for: [ ] Primary [ ] General [X] Other (specify)	6/13/00	8.13
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) ..... 2,339.

FE8ANF03

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1

FOR LINE 2

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement
A. Steve Rothman For Congress, Inc. P.O. Box 714 Hackensack, N.J. 07602	NJ-House District 9 Dinner Tickets Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/25/00	500.
B. Payne for Congress P.O. Box 2406 Newark, N.J. 07114	NJ-House District 10 Dinner Tickets Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/16/00	65
C. LaPolla for Congress, Inc. P.O. Box 2003 Westfield, N.J. 07091	NJ-Dist. 7 House Dem. Candidate Direct Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/16/00	1,500
D. Bob Franks for U.S. Senate P.O. Box 497 New Providence, N.J. 07974	NJ Rep. Senate Candidate Dinner Tickets Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/23/00	3,00
E. LaPolla for Congress, Inc. P.O. Box 2003 Westfield, N.J. 07091	NJ Dist. 7 House Dem. Candidate Dinner Ticket Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/2/00	1,0
F. Connelly for Congress P.O. Box 280 Fanwood, N.J. 07023	NJ Dist. 7 House Candidate Direct Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	6/27/00	2,50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Disbursement
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Disbursement
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Disbursement

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 9,15

FE6AN121

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 7-12-00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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
☐	Electronic Filing	

PREPARER	7-15-00 DATE PREPARED

(6/2000)