

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Plumbers Local 14 PAC**

ADDRESS (number and street) Check if different than previously reported  
**100 Main St**

CITY, STATE and ZIP CODE  
**Wood NJ 07644**

2. FEC IDENTIFICATION NUMBER **00191215**

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on \_\_\_\_\_ (date).

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	2/1/95 through 3/30/95		
6. (a) Cash on Hand January 1, 1995			\$ 5813.97
(b) Cash on Hand at Beginning of Reporting Period		\$ 1004.79	
(c) Total Receipts (from Line 19)		\$ 1371.09	\$ 2845.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 6945.88	\$ 15089.98
7. Total Disbursements (from Line 30)		\$ 4688.43	\$ 12891.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2257.45	\$ 2257.45
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 202-376-3120

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  
**Charles Swenson**

Signature of Treasurer  
*Charles Swenson*

Date  
**10/10/95**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

950300105

**UNITED STATES FEDERAL ELECTION COMMISSION**  
**OF RECEIPTS AND DISBURSEMENTS**  
**PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <b>PLUMBERS LOCAL 14 PAC</b>		REPORT COVERING PERIOD FROM <b>2/1/91</b> TO: <b>2/30/91</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....			
ii. Unitemized .....			
iii. Total ..... (add i and ii) >			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions ..... (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....			
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts ..... (subtract line 18 from line 19) >			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....			
c. Total Operating Expenditures ..... (Add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds ..... (Add a, b and c) >			
29. Other Disbursements .....			
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements ..... (subtract line 21 a d from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....			
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans)(subtract line 33 from 32) .....			
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15) .....			
37. Net Operating Expenditures ..... (subtract line 36 from 35) >			

**1678 35**      **9191 23**  
**1678 35**      **9191 23**

**1678 35**      **9191 23**

**127**      **1378**

**1474**      **1378**

**1691 09**      **9041 01**

**800**      **120**  
**800**      **1205**

**3888 43**      **11326 13**  
**2100 43**      **14201 43**

**1678 35**      **9191 23**

**1678 35**      **9191 23**

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) PLUMBERS LOCAL 14 PPO

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1  
3  
7  
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0  
3  
5  
0  
3  
9

A. Full Name, Mailing Address and ZIP Code Brose, W WEST PATERSON, NJ	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-5-12-24	12 24
Receipt For: <input checked="" type="checkbox"/> Other (specify): INDENTURE	Aggregate Year-to-Date > \$		1224

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page (this line number only))	

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NAME OF COMMITTEE (in Full)

PLUMBERS LOCAL 14 PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOGOTA DRUG CLUB	POLITICAL CAND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/25	500 -
PASSAIC DRUG CLUB	POLITICAL CAND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/25	600 -
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	800 -

95030010130

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NAME OF COMMITTEE (in Full)

PLUMBERS LOCAL 14 DDC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
R TERRY WOOD N R TERRY " "	LEC - GWA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/95 9/10/95	450 10940
B. Full Name, Mailing Address and ZIP Code J MYSZYNSKI ENE	Purpose of Disbursement NO CANDIDATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/95	Amount of Each Disbursement This Period 250
C. Full Name, Mailing Address and ZIP Code C IVERSEN WOOD N	Purpose of Disbursement LEC GWA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/95	Amount of Each Disbursement This Period 13010
D. Full Name, Mailing Address and ZIP Code OTHER EXPENSES	Purpose of Disbursement LEC GWA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/95	Amount of Each Disbursement This Period 11340
E. Full Name, Mailing Address and ZIP Code ELEC FUND M CREAGAN	Purpose of Disbursement NO CAND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/95	Amount of Each Disbursement This Period 200
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	120950
TOTAL This Period (last page this line number only)	323843

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NAME OF COMMITTEE (in Full)

PLUMBERS LOCAL 14 P A

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E BOYCE, LODI, NJ	POL MEET Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/95	99.13
M J ST LEGISLATIVE	POL PUBL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/95	49.00
W ARDIN ST BLDG R	POL MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/95	855.00
LEVER BOND FROM ASS	LOCAL COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/95	400.00
M A A C O " " "	LOCAL COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/95 8/10/95	105.00 35.00
BARRY PERIC PL " " "	LOCAL COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/95 8/18/95	25.00 25.00
D PERIOD LOD, NJ	LOCAL COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/95	450.00
E JOERSEN LOD NJ	LOCAL COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/95	450.00
J SIEMER	LOCAL COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/95	75.00

SUBTOTAL of Disbursements This Page (optional)	2618.13
TOTAL This Period (last page this line number only)	

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

*10-10-95*

Registered/Certified Mail

POSTMARKED

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

*MS.*  
PREPARER

*10-14-95*  
DATE PREPARED

95030010141