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)

13933366 121094 p 244
DAVID CAIVANO
NEW YORK STATE LABORERS POLITI
CAL ACTION COMMITTEE
[illegible] LIUNA NY/NJ REGIONAL OFFIC
[illegible] MORRIS AVENUE
[illegible]ION NJ 07083

JAN 17 12 [illegible]

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 _____ (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 November 29, 1994 through December 31, 1994		
6. (a) Cash on Hand January 1, 19 94		$ 165,456.04
(b) Cash on Hand at Beginning of Reporting Period	$ 268,208.72	
(c) Total Receipts (from Line 19)	$ 52,436.16	$ 835,348.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 320,644.88	$1,000,804.59
7. Total Disbursements (from Line 30)	$ 93,316.68	$ 773,476.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 227,328.20	$ 227,328.20
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
[signature]

Date 1/12/95

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)

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 Committee

REPORT COVERING PERIOD FROM November 29 1994 TO: December 31, 1994

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11a
i. Itemized (use Schedule A)	52203.31	832,152.57	11i
ii. Unitemized	52203.31	832,152.57	11ii
iii. Total (add i and ii) ➤			11iii
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) ➤	52203.31	832,152.57	11d
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.)		577.68	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	232.85	2618.30	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	52436.16	835348.55	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	52436.16	835348.55	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21i
ii. Non-Federal Share			21ii
b. Other Federal Operating Expenditures	28,316.68	448,365.79	21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	28,316.68	448,365.79	21c
22. Transfers to Affiliated/Other Party Committees	65,000.00	325,000.00	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	28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) ➤		110.60	28d
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	93316.68	773,476.39	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	93316.68	773,476.39	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	52203.31	832,152.57	32
33. Total Contribution Refunds (from line 28d)		110.60	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	52203.31	832041.97	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	28316.68	448365.79	35
36. Offsets to Operating Expenditures (from line 15)		577.68	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	28316.68	447,788.11	37

FE4ANI01

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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. CITIBANK P.O. BOX 6870 GRAND CENTRAL STA. NEW YORK, N.Y. 10163	N/A	12/22/94	232.85
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: INTEREST		
	Aggregate Year-to-Date $ 2618.30		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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 Each Receipt this Period
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 Each Receipt this Period
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 Each Receipt this Period
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 Each Receipt this Period
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 Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	232.85
TOTAL This Period (last page this line number only)	232.85

FE4AN10

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 21b

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAMUEL J. CAIVANO 228 GLEN AVENUE MILLBURN, NJ 07041	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	1190.72
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID J. CANANO 228 GLEN AVENUE MILLBURN, N.J. 07041	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	2276.58
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAROL BARBERIO 33 LYONS AVENUE SPRINGFIELD, N.J. 07079	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	1536.41
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KATHY FRESINA 7 CONESTOGA DR. SLINGERLANDS, N.Y. 12159	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	816.04
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIBANK P.O. BOX 5870 GRAND CENTRAL STA NEW YORK, N.Y. 10163	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	4757.29
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
N.Y.S. INCOME TAX W.A. HARRIMAN CAMPUS ALBANY, N.Y. 12227	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	43.32
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STATE OF N.J. C.I.T. CN 333 TRENTON, N.J. 08646	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	767.94
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NYS LABORERS PAC EMPLOYEES PENSION TRUST 1435 MORRIS AVENUE UNION, NJ 07083	Employee Benefits Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	401.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNITED LABOR LIFE INS. CO 111 MASSACHUSETTS, N.W. WASHINGTON, D.C. 20001	HEALTH INSURANCE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/94	891.16

SUBTOTAL of Disbursements This Page (optional) 12680.46

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

95039369147

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 21 b

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DARIO BOCCAROSA 87 INWOOD AVENUE PORT CHESTER, N.Y. 10573	TRUSTEE FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOE D'AMATO 144-66 26TH AVENUE FLUSHING, N.Y. 11354	TRUSTEE FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHARLES DOLCIMASCOLO ONE HEATHWOOD AVENUE JACKSON, N.J. 08527	TRUSTEE FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAMUEL FRESINA 7 CONESTOGA DR SLINGERLANDS, N.Y. 12159	TRUSTEE FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SALVATORE LANZA 3360 AMAR PLACE BRONX, N.Y. 10465	TRUSTEE FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MEYER, SUOZZI, ENGLISH & ASSOC. 41 STATE STREET, SUITE 500 ALBANY, N.Y. 12207	LOBBYING Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/9/94	684.21
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID J. CAIVANO 228 GLEN AVENUE MILLBURN, N.J. 07041	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	2276.58
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MICHAEL COSTELLO 353 MARIA DRIVE TOMS RIVER, N.J. 08755	OFFICE HELP Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN DEROSA 31 MORRIS PLACE #48F BLOOMFIELD, N.J. 07003	OFFICE HELP Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	500.00

SUBTOTAL of Disbursements This Page (optional) 6460.79

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

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 21b

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. CAROL BARBERIO 33 LYONS AVENUE SPRINGFIELD, N.J. 07079	PAYROLL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	923.50
B. DAVID J. CAIVANO 228 GLEN AVENUE MILLBURN, N.J. 07041	REIMBURSED EXPENSES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	70.42
C. CITIBANK P.O. BOX 5370 GRAND CENTRAL STA. NEW YORK, N.Y. 10163	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	2155.45
D. N.Y.S. INCOME TAXES W.A. HARRIMAN CAMPUS ALBANY, NY. 12227	PAYROLL TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	438.20
E. NY LEGET 1435 MORRIS AVE UNION NJ 07083	POSTAGE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/94	1500.00
F. COLBY & MCGOWAN INC 520 W. 151 AVENUE ROSELLE, N.J. 07203	PRINTING Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/22/94	119.60
G. ORANSKY, SCARACCI, BORG & ABBAMONTE 161 EAGLE ROCK AVE ROSELAND NJ 07068	LEGAL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/22/94	150.00
H. BELL ATLANTIC BOX 480 ELIZABETH, N.J. 07201	TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/22/94	53.19
I. SAWCHUK, BROWN ASSOC 41 STATE STREET - SUITE 500 ALBANY, NY 12207	PROMOTIONAL MATERIAL Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/29/94	3657.31

SUBTOTAL of Disbursements This Page (optional) 9067.67

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

FE4A(R10)

9 5 0 3 2 6 4 1 4 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21b

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STAPLES P.O. BOX 182378 COLUMBUS, OHIO 43218-2378	OFFICE SUPPLIES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/27/94	52.09
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
AT&T BOX 2605 BEDFORD PARK, IL. 60499	TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/27/94	35.67
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CITIBANK N.A P.O. BOX 5370 GRAND CENTRAL STA. NEW YORK, N.Y. 10163	BANK CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/6/94 12/21/94	20.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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 Period**
	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 Period**
	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 Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	107.76
TOTAL This Period (last page this line number only)	28,316.68

FE4AN1C

95039161

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 11

FOR LINE NUMBER 22

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

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)	12/27/94	25,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NYS LABORERS' POLITICAL ACTION COMMITTEE AFFILIATED WITH THE LABORERS' INT'L UNION OF NO. AMERICA, NYS A/C 1435 MORRIS AVE., UNION, N.J. 07083	TRANSFER TO SEPARATE BANK ACCOUNT FOR NYS ELECTION PURPOSES Disbursement for: Primary General X Other (specify)	11/29/94	40,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	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 Period
	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 Period
	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 Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 65,000.00

TOTAL This Period (last page this line number only) 65,000.00

4-00175

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 1-12-95
☐	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

GMK
PREPARER

1-17-95
DATE PREPARED

FEC FORM 70-2 (12/92)

95039361512