REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Oct 31 12 12 PM '94

1. NAME OF COMMITTEE (in full)
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 28 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
500 GREENWICH STREET

CITY, STATE and ZIP CODE
NEW YORK NY 10013

2. FEC IDENTIFICATION NUMBER
C 001 69490

3. ☐ The 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 Nov 8 in the State of NY

☐ 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 Oct 1, 1994 through Oct 19, 1994		
6. (a) Cash on Hand January 1, 19 94		$ 106097
(b) Cash on Hand at Beginning of Reporting Period	$ 97221	
(c) Total Receipts (from Line 19)	$ 30493	$ 97558
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 117714	$ 203655
7. Total Disbursements (from Line 30)	$ 43860	$ 129801
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 73854	$ 73854
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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
DANIEL WILTON

Signature of Treasurer
x [signature]

Date
10/25/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: SMWIA Local 28 Political Action Committee

REPORT COVERING PERIOD FROM: Oct 1, 1994 TO: Oct 19, 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			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	18493	85558	11(a)(ii)
iii. Total (add i and ii) ➤	18493	85558	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) ➤	18493	85558	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.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	12000	12000	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	30493	97558	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	30493	97558	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	1110	22331	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1110	22331	21(c)
22. Transfers to Affiliated/Other Party Committees			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			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) ➤			28(d)
29. Other Disbursements	42750	107470	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	43860	129801	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	43860	129801	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	18493	85558	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	18493	85558	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1110	22331	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1110	22331	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 16

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)

SMWIA Local 28 Political Action Committee

A. Full Name, Mailing Address and ZIP Code Koppell for Attorney General 217 West 231 Street Bronx NY 10463	Name of Employer Occupation	Date (month, day, year) 10/9/94	Amount of Each Receipt this Period 12000
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Refund of Contribution	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 12000

TOTAL This Period (last page this line number only) > 12000

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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 21b

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NAME OF COMMITTEE (In Full)

SMWIA LOCAL 28 POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code 28 REALTY INC 500 GREENWICH STREET NEW YORK, NY 10013	Purpose of Disbursement RENT Disbursement for: ☐ Primary ☐ General ☒ Other (specify) OTHER	Date (month, day, year) 10/1/94	Amount of Each Disbursement This Period 360
B. Full Name, Mailing Address and ZIP Code MAKE A WISH FOUNDATION 575 MADISON AVENUE NEW YORK NY 10022	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 250
C. Full Name, Mailing Address and ZIP Code KOPS EDWARDS TOPPLE + LEVIDOW 200 OLD COUNTRY ROAD MINEOLA NY 11501	Purpose of Disbursement ACCOUNTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 500
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)	1110
TOTAL This Period (last page this line number only)	1110

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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 29

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NAME OF COMMITTEE (In Full)

SMWIA Local 28 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCall for Comptroller 99 Wall Street New York NY	NYS Comptroller Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/1/94	1500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Naomi Matusow Governor Klem, Treasurer 43 North Lake Road Armonk, NY 10504	NY Assembly Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/4/94	1000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Michael Urbanski PO Box 205 Milington NJ 07946	Long Hill NJ Township Committee Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/4/94	500
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SMWIA Political Action League 1775 New York Avenue NW Washington DC 20006	Various Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/4/94	5000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Brian McLaughlin PO Box 541311 Linden Hill Station Flushing NY 11354	NY Assembly Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/6/94	500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Frank Barbaro 1826 West 12 Street Brooklyn NY 11223	NY Assembly Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/11/94	500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burstein 94 % Morris + Carrick 730 Park Avenue South New York NY 10016	NY Attorney General Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/11/94	10000
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mario Cuomo 945 Third Avenue New York NY 10022	NY Governor Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/13/94	10000
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Committee to Elect Pat Acampora PO Box 818 Riverhead NY 11901	NY Assembly Disbursement for: [ ] Primary [ ] General [x] Other (specify) Contribution	10/13/94	250

SUBTOTAL of Disbursements This Page (optional) 42750

TOTAL This Period (last page this line number only) 42750

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SMWIA LOCAL 28 POLITICAL ACTION COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SMWIA LOCAL 28 ESCROW ACCOUNT 500 GREENWICH STREET NEW YORK, NY 10013	0	8493	8493	0
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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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
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☐	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.R.
PREPARER

10/31/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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