# 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)
IUOE Local 825 Pol Act & Ed Comm

ADDRESS (number and street) ☐ Check if different than previously reported
535 US Rt 46 E

CITY, STATE and ZIP CODE
Little Falls NJ 07424

RECEIVED FEDERAL ELECTION COMMISSION ... 19 ... 27 PM '99

2. FEC IDENTIFICATION NUMBER
C00 71194

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 |

☐ 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 11/24/98 through 12/31/98 | | |
| 6. (a) Cash on Hand January 1, 19 98 | | $ 103,984.07 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 62,627.81 | |
| (c) Total Receipts (from Line 19) | $ 7293.03 | $ 18,975.93 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 69,920.84 | $ 122,960.00 |
| 7. Total Disbursements (from Line 30) | $ 235.44 | $ 53,274.60 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 69,685.40 | $ 69,685.40 |
| 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 202-694-1100

*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 Whittles

Signature of Treasurer
Joseph Whittles

Date
1/4/99

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)

FESAN12c

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

(revised 1/1/91)

NAME OF COMMITTEE: IUOE Local 825 Pol Actn Ed Comm

REPORT COVERING PERIOD FROM 11/24/98 TO: 12/31/98

| | 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) | 0 | 0 | 11(a)(i) |
| ii. Unitemized | 7163.46 | 15,504.21 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 7163.46 | 15,504.21 | 11(a)(iii) |
| b. Political Party Committees | 0 | 0 | 11(b) |
| c. Other Political Committees (such as PACs) | 0 | 0 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 7163.46 | 15,504.21 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0 | 0 | 12 |
| 13. All Loans Received | 0 | 0 | 13 |
| 14. Loan Repayments Received | 0 | 0 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0 | 563.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0 | 0 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 129.57 | 2908.72 | 17 |
| 18. Transfers from Non-Federal Account for Joint Activity | 0 | 0 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 7293.03 | 18,975.93 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 7293.03 | 18,975.93 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0 | 0 | 21(a)(i) |
| ii. Non-Federal Share | 0 | 0 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 235.44 | 23,814.60 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 235.44 | 23,814.60 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0 | 0 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 0 | 29,460.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0 | 0 | 25 |
| 26. Loan Repayments Made | 0 | 0 | 26 |
| 27. Loans Made | 0 | 0 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0 | 0 | 28(a) |
| b. Political Party Committees | 0 | 0 | 28(b) |
| c. Other Political Committees (such as PACs) | 0 | 0 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | 0 | 0 | 28(d) |
| 29. Other Disbursements | 0 | 0 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 235.44 | 53,274.60 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 235.44 | 53,274.60 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 7163.46 | 15,504.21 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0 | 0 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 7163.46 | 15,504.21 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 235.44 | 23,814.60 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0 | 563.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 235.44 | 23,251.60 | 37 |

FE8AN121

**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)**
IUOE Local 825 Pol Act + Ed Comm

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>First Union Nat'l Bank<br>Union Blvd<br>Totowa NJ 07512 | Name of Employer<br>Occupation | Date (month, day, year)<br>12/1/98 | Amount of Each Receipt this Period<br>* 129.57 |
| Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest | Aggregate Year-to-Date > $ 2906.73 | | |
| **B. Full Name, Mailing Address and ZIP Code** | Name of Employer<br>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<br>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<br>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<br>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<br>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<br>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) >

**TOTAL** This Period (last page this line number only) > 129.57

FEBAN121

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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)**

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| **B. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |

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

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

FEBANI 21

SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

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)

IUOE Local 825 Pol Act & Ed Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| AT&T<br>PO Box 27-620<br>Kansas City MO 64184 | Long Distance Phone<br>Disbursement for: ☐ Primary ☐ General ☒ Other (specify) | 11/27/98 | 16.11 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Robert Tufaro<br>IUOE Local 825<br>Little Falls NJ 07424 | Reimb Pac Business<br>Disbursement for: ☐ Primary ☐ General ☒ Other (specify) | 12/17/98 | 168.42 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| L McCuerie<br>350 Davis Ave<br>Kearny NJ 07032 | Reimb Pac Business<br>Disbursement for: ☐ Primary ☐ General ☒ Other (specify) | 12/17/98 | 28.96 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Bell Atlantic<br>PO Box 4833<br>Trenton NJ 08650 | Phone Bill<br>Disbursement for: ☐ Primary ☐ General ☒ Other (specify) | 12/22/98 | 24.02 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| AT&T<br>PO Box 27-620<br>Kansas City MO 64184 | Long Distance Phone<br>Disbursement for: ☐ Primary ☐ General ☒ Other (specify) | 12/28/98 | 3.93 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) ..... 235.44

TOTAL This Period (last page this line number only) ..... 235.44

FEBAN12L

SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 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)

IUOE Local 825 Pol Act & Ed Committee

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ 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) .....

FE6AN121

**SCHEDULE C**
(Revised 3/80)

# LOANS

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

Name of Committee (in Full)

| A. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|---|
| Election: ☐ Primary ☐ General ☐ Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

| | | | |
|---|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | | |

| B. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|---|
| Election: ☐ Primary ☐ General ☐ Other (specify): | $ | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

| | | | |
|---|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | | |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) ..... | |
| TOTALS This Period (last page in this line only) ..... | |

Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FE8AN12L

SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20463

Supplementary for Information
found on Page ___ of Schedule C

# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

| NAME OF COMMITTEE (IN FULL) | FEC IDENTIFICATION NUMBER | |
|---|---|---|
| FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) | AMOUNT OF LOAN | INTEREST RATE (APR) |
| | DATE INCURRED OR ESTABLISHED | DATE DUE |

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☐ No ☐ Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| G. COMMITTEE TREASURER | | DATE |
|---|---|---|
| TYPED NAME | SIGNATURE | |

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

| AUTHORIZED REPRESENTATIVE | TITLE | DATE |
|---|---|---|
| TYPED NAME SIGNATURE | | |

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 |
|---|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| 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) | |

FE9AN121

SCHEDULE E

# ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page _____ of _____ Pages

Name of Committee (in Full)

| Full Name, Mailing Address & ZIP Code of Each Payee | Purpose of Expenditure | Date (month, day, year) | Amount | Name of Federal Candidate supported or opposed by the expenditure & office sought |
|---|---|---|---|---|
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ _____

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ _____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

My Commission expires:

_____ _____
NOTARY PUBLIC

_____ _____
Signature Date

FE8AN121

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 1-13-99 |
| ☐ | 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 | 1-19-99 DATE PREPARED |

(4/98)