

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB - 2 P 12 39

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
IFPTE LEAP-PAC

ADDRESS (number and street) Check if different than previously reported
8630 FENTON ST. #400

CITY, STATE and ZIP CODE
SILVER SPRING, MD 20910

2. FEC IDENTIFICATION NUMBER
200164509

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 _____
- 90-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 7-1-99 through 12-31-99		
6. (a) Cash on Hand January 1, 19 99		\$ 5365.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 5263.32	
(c) Total Receipts (from Line 15)	\$ 4165.25	\$ 9577.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9428.57	\$ 14943.57
7. Total Disbursements (from Line 30)	\$ 3900.00	\$ 9415.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5528.57	\$ 5528.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission, 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
GREGORY J. JUNEDEMAN

Signature of Treasurer
Gregory J. Junedeman

Date
1-31-00

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

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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 I.F.P.T.E. LEAP-PAC		REPORT COVERING PERIOD FROM 7-1-99 TO 12-31-99	
		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)		2160.00	520.00
ii. Unitemized		3905.25	4057.61
iii. Total (add i and ii) >		4165.25	4577.61
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		4165.25	4577.61
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 16 from line 19) >		4165.25	4577.61
II. Disbursements			
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		850.00	3125.00
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		3050.00	6290.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		3900.00	9415.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		4165.00	4577.61
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		4165.00	4577.61
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

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NAME OF COMMITTEE (In Full)

I.F.P.T.E. LEAP-PAC

A. Full Name, Mailing Address and ZIP Code
PALL E. ALMEIDA
70 RIVER STREET
FARINGTON, MA 02174

Receipt For: Primary General
 Other (specify):

Name of Employer
I.F.P.T.E.

Occupation
INT'L PRESIDENT

Aggregate Year-to-Date
> \$520.00

Date (month, day, year)
PAIDROLL DEDUCT.

Amount of Each Receipt this Period
260.00 (\$10.00 PER WK)

B. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date
> \$

Date (month, day, year)

Amount of Each Receipt this Period

C. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date
> \$

Date (month, day, year)

Amount of Each Receipt this Period

D. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date
> \$

Date (month, day, year)

Amount of Each Receipt this Period

E. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date
> \$

Date (month, day, year)

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date
> \$

Date (month, day, year)

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date
> \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

260.00

SCHEDULE D

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FORM LINE NUMBER

23

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NAME OF COMMITTEE (in Full)

F.F.P.T.E. LEAP-PAC

A. 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>BECKUS FOR SENATE P.O. Box 35 WINDOOSH, VT 05404</i>	<i>US SENATE - VT</i>	<i>7-12-99</i>	<i>100.00</i>
<i>B. Full Name, Mailing Address and ZIP Code CAPILANO FOR CONGRESS</i>	<i>US CONG. - MA</i>	<i>11-1-99</i>	<i>150.00</i>
<i>C. Full Name, Mailing Address and ZIP Code MENENDEZ FOR CONGRESS P.O. Box 848 UNION CITY, NJ 07087</i>	<i>US CONG - NJ</i>	<i>11-1-99</i>	<i>200.00</i>
<i>D. Full Name, Mailing Address and ZIP Code DEMOCRATIC NAT'L COMM 430 S. CAPITOL ST. SE WASHINGTON, DC 20002</i>	<i>US CONG - NJ</i>	<i>8-13-99 12-17-99</i>	<i>100.00 200.00</i>
<i>E. Full Name, Mailing Address and ZIP Code PALLONE FOR CONGRESS P.O. Box 3176 LONG BRANCH, NJ 07740</i>	<i>US CONG - NJ</i>	<i>8-30-99</i>	<i>100.00</i>
<i>F. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page line number only)

850.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

I.F.P.T.E. LEAP-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comm. To RE-ELECT BLONO & BARNES 75 WOODBRIDGE AVE METROPLEX, NJ 07040	NJ STATE ASSEMBLY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RECEPTION	7-29-99	150.00
B. Full Name, Mailing Address and ZIP Code ALPER FOR ASSEMBLY 936 SYLVESANT AVENUE UNION, NJ 07083	NJ STATE CONG Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	7-29-99	150.00
C. Full Name, Mailing Address and ZIP Code KENT ATHLETIC ASSOC LEGISLATIVE OFFICE 3691 A NOTTINGHAM WAY HAMILTON, NJ 08690	PETER INVERSO FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8-13-99	100.00
D. Full Name, Mailing Address and ZIP Code NEW JERSEY DEMOCRATIC VICTORY FUND 1977 NORTH OLDEN AVE TRENTON, NJ 08618	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	8-13-99	100.00
E. Full Name, Mailing Address and ZIP Code GLEAR & GREENSTEIN FOR STATE ASSEMBLY BOX 492 PLAINSBORO, NJ 08536	NJ STATE ASSEMBLY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-99	200.00
F. Full Name, Mailing Address and ZIP Code ELECTION FUND OF SEN. GIRGENTI 105 DATER STREET N. HALEDON, NJ 07508	NJ STATE SENATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	9-16-99	250.00
G. Full Name, Mailing Address and ZIP Code ELECTION FUND OF CONNORS & CONWAY Box 195 PALMYRA, NJ 08065	NJ STATE ASSEMBLY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	9-16-99	250.00
H. Full Name, Mailing Address and ZIP Code Comm. To ELECT ROBERT DOMBROSKI 13 MATT DRIVE FAIRFIELD, NJ 07004	NJ STATE ASSEMBLY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	9-16-99	150.00
I. Full Name, Mailing Address and ZIP Code KEYPORT REPUBLICAN CAMPAIGN 179 104 WASHINGTON ST. KEYPORT, NJ 07735	KEYPORT BOROUGH COUNCIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Refuse <input type="checkbox"/> Other (specify)	9-22-99	100.00

SUBTOTAL of Disbursements This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the attached summary Page

PAGE 2 OF 3
FOR LINE NUMBER 27

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NAME OF COMMITTEE (in Full)

I.F.P.T.E. LEAP-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. STEFANO FOR ASSEMBLY 3 COLUMBUS AVENUE TOWNSHIP, NJ 07512	NJ STATE ASSEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CONTRIBUTION	9-22-99	100.00
DEMOCRATIC VICTORY '99 150 WEST STATE STREET TRENTON, NJ 08608	NJ STATE DEMOCRATIC COMM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-99	100.00
DEMOCRATIC PARTY OF PASSAIC COUNTY 811 CLIFTON AVE LIFTON, NJ 07019	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	9-27-99 10-25-99	250.00 250.00
ELECTION FUND OF ROSCO 28 EAST FOREST PLACE ROCHELLE PARK, NJ 07062	NJ STATE SENATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	9-27-99	100.00
FRIENDS OF SEN BRYANT P.O. BOX 526 CAMDEN, NJ 08101	NJ STATE SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-99	100.00
GARCIA & SIREZ FOR ASSEM. P.O. BOX 4325 UNION CITY, NJ 07087	NJ STATE ASSEM. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	10/1/99	100.00
ESSEX COUNTY DEM. COMM. 50 PARK PLACE NEWARK, NJ 07102	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	10/4/99	150.00
JOANNE ATLAS ELECTION CAMPAIGN COMM. 177 UPPER LAKEVIEW AVE KINGWOOD, NJ 07450	KINGWOOD TOWN COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONTRIBUTION	10-6-99	100.00
FRIENDS OF HD WERNER P.O. BOX 1292 JACKSON, NJ 08527	NJ STATE ASSEM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-25-99	150.00

SUBTOTAL of Disbursements This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

I.F.P.T.E. LEPP-PAL

A. 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
KIMENSON & HARRIS BOX 3037 LONG BRANCH, NJ 07740	NJ STATE ASSEM. FUNDRAISER	11-25-99	200.00
B. 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
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)

200.00

TOTAL This Period (last page this line number only)

3050.00

**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
1/30/00

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

RB
PREPARER

2/2/00
DATE PREPARED