

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAY 1993
Jul 29 12 20 PM '93

1. NAME OF COMMITTEE (in full) Plasterers' and Cement Masons' Action Committee		2. FEC IDENTIFICATION NUMBER C00134742
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1125 17th Street, N.W.	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)	
CITY, STATE and ZIP CODE Washington, D.C. 20036		

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 <u>1/1/93</u> through <u>6/30/93</u>		
6	(a) Cash on Hand January 1 19 <u>93</u>		\$ 19,030.21
	(b) Cash on Hand at Beginning of Reporting Period	\$ 19,030.21	
	(c) Total Receipts (from line 19)	\$ 12,015.83	\$ 12,015.83
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 31,046.04	\$ 31,046.04
7	Total Disbursements (from Line 30)	\$ 4,600.00	\$ 4,600.00
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,446.04	\$ 26,446.04
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)	\$	

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
Dominic A. Martell

Signature of Treasurer *Dominic A. Martell* Date 7/27/93

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

3 5 0 3 8 5 1 4 2 3 8

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

(revised 1/1/91)

Name of Committee Plasterers' and Cement Masons' Action Committee		Report Covering the Period From 1/1/93 to 6/30/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11	Contributions (other than loans) From:		
a	Individuals/Persons Other Than Political Committees		
i	Itemized (use Schedule A)	460.00	460.00
ii	Unitemized	5,580.83	5,580.83
iii	Total (add i and ii) ▶	6,040.83	6,040.83
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	3,500.00	3,500.00
d	Total Contributions (add a iii, b and c) ▶	9,540.83	9,540.83
12	Transfers From Affiliates/Other Party Committees	-0-	-0-
13	All Loans Received	-0-	-0-
14	Loan Repayments Received	-0-	-0-
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	2,475.00	2,475.00
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17	Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	12,015.83	12,015.83
20	Total Federal Receipts (subtract line 18 from line 19) ▶	12,015.83	12,015.83
II. Disbursements			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4)		
i	Federal Share	-0-	-0-
ii	Non-Federal Share	-0-	-0-
b	Other Federal Operating Expenditures	-0-	-0-
c	Total Operating Expenditures (Add a i, a ii, and b) ▶	-0-	-0-
22	Transfers to Affiliates/Other Party Committees	-0-	-0-
23	Contributions to Federal Candidates/Committees and Other Political Committees	3,300.00	3,300.00
24	Independent Expenditures (use Schedule E)	-0-	-0-
25	Coordinated Expenditures Made by Party Committees (P.U.S.C. 941a)(1) (use Schedule F)	-0-	-0-
26	Loan Repayments Made	-0-	-0-
27	Loans Made	-0-	-0-
28	Refunds of Contributions To:		
a	Individuals/Persons Other Than Political Committees	-0-	-0-
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	-0-	-0-
d	Total Contribution Refunds (Add a, b and c) ▶	-0-	-0-
29	Other Disbursements	1,300.00	1,300.00
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) ▶	4,600.00	4,600.00
31	Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	4,600.00	4,600.00
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans)(from line 11d)	9,540.83	9,540.83
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans)(subtract line 33 from 32)	9,540.83	9,540.83
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	-0-	-0-
36	Offsets to Operating Expenditures (from line 15)	2,475.00	2,475.00
37	Net Operating Expenditures (subtract line 36 from 35) ▶	(2,475.00)	(2,475.00)

2 3 4 5 6 7 8 9 1 0 1 2 3 4 5 6 7 8 9 0

SCHEDULE A

ITEMIZED RECEIPTS

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)
Plasterers' and Cement Masons'

FEC ID No. C00114742

Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert T. Beam 4431 Moccasin Court Star Route 1 Copperopolis, CA 95228	Operative Plasterers and Cement Masons' Int'l Association Occupation: Vice President	Payroll Deduction	220.00 (\$20 semi-monthly)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Aggregate Year-To-Date > \$	220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Del French 22617 NE 92nd Avenue Battle Ground, WA 98604	Operative Plasterers and Cement Masons' Int'l Association Occupation: Int'l Representative	Payroll Deduction	240.00 (\$20 semi-monthly)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Aggregate Year-To-Date > \$	240.00	
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)	460.00
TOTAL This Period (last page this line number only)	460.00

23038514240

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
Plasterers' and Cement Masons' Action Committee

FEC ID No. C00134742

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cement Masons COPE 1414 E. 26th Street Cleveland, OH 44114		5/26/93	3,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$ 3,500.00
<input checked="" type="checkbox"/> Other (specify) N/A			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$
<input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date	Y \$
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	3,500.00

7538014241

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be used 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)
 Plasterers' and Cement Masons' Action Committee
 FEC ID No. C00134742

33038514242

A. Full Name, Mailing Address, and ZIP Code Advertising Novelty Co., Inc. 4400 MacArthur Blvd., N.W. Washington, D.C. 20007		Name of Employer Refunds on purchases	Date (month, day, year) 2/3/93 1/18/93	Amount of Each Receipt this Period 2,475.00 1,500.00* 975.00*
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Aggregate Year-To-Date > \$ 2,475.00 *memo entry		
B. Full Name, Mailing Address, and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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
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
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
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
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
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)	2,475.00
TOTAL This Period (last page this line number only)	2,475.00

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 candidate to solicit contributions from such candidate.

NAME OF COMMITTEE (in full)
Plasterers' and Cement Masons' Action Committee

23030514243

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Farr for Congress P.O. Box 2493 Salinas, CA 93902-2493	Transfer 17th Dist CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	2/23/93	300.00
Eric Funderhut for Congress 2550 Sam Center Rd, Ste 185 Willoughby Hills, OH 44094	Transfer 19th Dist OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	5/24/93	1,000.00
Sherod Brown for Congress 1936 Cooper Foster Park Lorain, OH 44053	Transfer 13th Dist OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	5/24/93	1,000.00
Ted Strickland for Congress 1236 Gallia Street Portsmouth, OH 45662	Transfer 6th Dist OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	5/24/93	1,000.00
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 Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

3,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Plasterers' and Cement Masons' Action Committee

2 3 3 8 5 1 4 2 4 4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PACMAC Education Fund 1125 17th Street, N.W. Washington, D.C. 20006	Transfer of Funds* Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) N/A	4/8/93 *deposited in error	1,300.00
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 Receipts This Page (optional)	1,300.00
TOTAL This Period (last page lists line number only)	1,300.00

**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

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

DE

PREPARER

7-29-93

DATE PREPARED

2 3 0 3 8 5 1 4 2 4 5