REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION

OCT 5 1 29 PM '98

1. NAME OF COMMITTEE (in full): TUCE Local 825 Pol Act Ed Committee

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

CITY, STATE and ZIP CODE: Little Falls NJ 07424

2. FEC IDENTIFICATION NUMBER: C000 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 7/1/98 through 9/30/98		$103,984.07
6. (a) Cash on Hand January 1, 1998		
(b) Cash on Hand at Beginning of Reporting Period	$ 102,361.36	
(c) Total Receipts (from Line 19)	$ 774.55	$ 4885.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 103,135.91	$108,869.56
7. Total Disbursements (from Line 30)	$ 3369.30	$ 9102.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 99,766.61	$ 99,766.61
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 Whitelles

Signature of Treasurer: [signature] Date: 10/1/98

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)

FE8AN084

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

(revised 1/1/91)

NAME OF COMMITTEE: IUOE Local 825 Pol Action Cal Comm

REPORT COVERING PERIOD FROM 7/1/98 TO: 9/30/98

	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	0	2000.00	11(a)(ii)
iii. Total (add i and ii) ➤	0	0	11(a)
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) ➤	0	2000.00	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	503.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	274.55	2382.49	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	274.55	4885.49	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	274.55	4885.49	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	2119.30	3942.95	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2119.30	3942.95	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1250.00	5160.00	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) ➤	3369.30	9102.95	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3369.30	9102.95	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0	2000.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	2000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2119.30	3942.95	35
36. Offsets to Operating Expenditures (from line 15)	0	503.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2119.30	3439.95	37

FE8AN064

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 Political Act + Ed Committee

Name	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: First Union Natl Bank, 410 Minnisink Rd, Totowa NJ 07512		7/6/98	285.36
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code: First Union Natl Bank, 410 Minnisink Rd, Totowa NJ 07512		8/6/98	244.83
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code: First Union Natl Bank, 410 Minnisink Rd, Totowa NJ 07512		9/9/98	244.36
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Aggregate Year-to-Date $ 2382.49		
D. Full Name, Mailing Address and ZIP Code			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code			
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)	774.55

FEBAN064

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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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) .....

FEAAH084

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 17

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
IUOE Local 825 Pol Act Cl Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Elect Fund of Maurice Hinchey PO Box 4497 Kingston NY 12402	Tickets Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	7/7/98	500.00
B. Citizens for Joe Kelly 6 Wasley Court Middletown NY 10940	Tickets Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	9/9/98	250.00
C. Citizens for Gilman PO Box 3001 Middletown NY 10940	Tickets Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	9/11/98	400.00
D. Friends of Maurice Hinchey PO Box 4497 Kingston NY 12402	Tickets Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	9/25/98	200.00
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) 1250.00

TOTAL This Period (last page this line number only) 1250.00

FE6AN084

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full): IUOE Local 825 Pol Act Ed Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Northeastern States Conference, 2 Greenwood Square, Bensalem PA 19020	Legislative Assessment; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/2/98	$1431.00
B. American Express, 380 Davis Ave, Kearny NJ 07032	Rumbo Pac Business; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/9/98	$28.50
C. Bell Atlantic - NJ, PO Box 4833, Trenton NJ 08650	Phone Bill; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/23/98	$28.50
D. AT+T, PO Box 371430, Pittsburgh PA 15250	Long Distance Phone; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/23/98	$3.66
E. Bell Atlantic - NJ, PO Box 4833, Trenton NJ 08650	Phone Bill; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/19/98	24.47
F. AT+T, PO Box 371430, Pittsburgh PA 15250	Long Distance Phone; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/21/98	4.30
G. Little Falls Postmaster, Main Street, Little Falls NJ 07424	Postage; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/9/98	160.00
H. Wm H. Connolly + Co, 56 Park Street, Montclair NJ 07042	Insurance Premium; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/11/98	320.00
I. Bell Atlantic - NJ, PO Box 4833, Trenton NJ 08650	Phone Bill; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/21/98	22.81

SUBTOTAL of Disbursements This Page (optional) 2063.54

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

FE8AN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF
	FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
IUOE Local 825 Pol Act & Ed Committee

A. Full Name, Mailing Address and ZIP Code AT&T PO Box 27 - 640 Kansas City MO 64184	Purpose of Disbursement Long Distance Phone Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 9/23/98	Amount of Each Disbursement This Period 8.68
B. Full Name, Mailing Address and ZIP Code American Express 340 Davis Ave Kearny NJ 07032	Purpose of Disbursement Reimb Pac Business Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 9/24/98	Amount of Each Disbursement This Period 47.08
C. 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
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)	55.76
TOTAL This Period (last page this line number only)	2119.30

FE6AN064

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 Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation 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 Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEBAND64

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 10-1-94
☐	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	

SEH — PREPARER

10-5-94 — DATE PREPARED

(4/98)