

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION

JUL 14 11 10 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) District No. 5 ITPE NMU/MEBA Political Action Committee (ITPE PAC)		2. FEC IDENTIFICATION NUMBER C-00286419
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 17th Street, NW., Suite 700		
CITY, STATE and ZIP CODE Washington, DC 20036		
3. <input type="checkbox"/> 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

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

95039022209

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04-01-95</u> through <u>06-30-95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 5,492.87
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,827.87	
(c) Total Receipts (from Line 19)	\$ 1,322.50	\$ 2,657.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,150.37	\$ 8,150.37
7. Total Disbursements (from Line 30)	\$ 575.00	\$ 575.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,575.37	\$ 7,575.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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: **H. Ralph Smith**

Signature of Treasurer: *H. Ralph Smith* Date: **07-13-95**

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

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

(revised 1/1/91)

95034022300

NAME OF COMMITTEE		REPORT COVERING PERIOD		
District No. 5 ITPE NMU/MEBA PAC		FROM 04-01-95	TO 06-30-95	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A) _____	900.00	900.00	11(a)(i)
ii.	Unitemized _____	422.50	1,757.57	11(a)(ii)
iii.	Total _____ (add i and ii) >	1,322.50	2,657.57	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 ii, b and c) >	1,322.50	2,657.57	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-	-0-	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees _____	-0-	-0-	16
17.	Other Federal Receipts (Dividends, Interest, etc.) _____	-0-	-0-	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) >	1,322.50	2,657.57	19
20.	Total Federal Receipts _____ (subtract line 18 from line 19) >	1,322.50	2,657.57	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 _____	-0-	-0-	21(b)
c.	Total Operating Expenditures _____ (add a i, a ii, and b) >	-0-	-0-	21(c)
22.	Transfers to Affiliated/Other Party Committees _____	-0-	-0-	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees _____	500.00	500.00	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 _____	75.00	75.00	29
30.	Total Disbursements _____ (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	575.00	575.00	30
31.	Total Federal Disbursements _____ (subtract line 21 a ii from line 30) >	575.00	575.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d) _____	1,322.50	2,657.57	32
33.	Total Contribution Refunds (from line 28d) _____	-0-	-0-	33
34.	Net Contributions (other than loans) (subtract line 33 from line 32) _____	1,322.50	2,657.57	34
35.	Total Federal Operating Expenditures _____ (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15) _____	-0-	-0-	36
37.	Net Operating Expenditures _____ (subtract line 36 from line 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a

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)

District No. 5 ITPE NMU/MEBA Political Action Committee (ITPE PAC)

95039-22301

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Brenton 465 14th Avenue, #24 San Francisco, CA 94121	District No. 5 ITPE	06/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Vice President Aggregate Year-to-Date > \$ 300.00		150.00
John F. Conley 10 Brannen Drive Savannah, GA 30140	District No. 5 ITPE	06/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: President Aggregate Year-to-Date > \$ 300.00		150.00
Cindy Diehm P.O. Box 70630 Fort Bragg, NC 28307	District NO. 5 ITPE	06/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: ITPE Representative Aggregate Year-to-Date > \$ 300.00		150.00
Ellwood Hampton 250 Morton Avenue Paulsboro, NJ 08066	District No. 5 ITPE	06/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: ITPE Organ. Coordinator Aggregate Year-to-Date > \$ 300.00		150.00
Theatla M. Jones 7048 Burcot Avenue, Unit # 48 Las Vegas, NV 89115	District NO. 5 ITPE	06/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Vice President Aggregate Year-to-Date > \$ 300.00		150.00
Mary Williams 3612 Columbine Drive Augusta, GA 30906	District No. 5 ITPE	06/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Vice President Aggregate Year-to-Date > \$ 300.00		150.00
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)	900.00
TOTAL This Period (last page this line number only)	900.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 District No. 5 ITPE NMU/MEBA Political Action Committee (ITPE PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.C. Friends of Bill Clay P.O. Box 1830 Washington, DC 20013	Contribution 1996 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/24/95	500.00
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)	500.00
TOTAL This Period (last page this line number only)	500.00

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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)

District No. 5 ITPE NMU/MEBA Political Action Committee (ITPE PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Black Caucus Foundation P.O. Box 20006 Washington, DC 20013	Contribution 1995 Annual Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual	05/18/95	75.00
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)

75.00

TOTAL This Period (last page this line number only)

75.00

9 5 0 3 2 2 3 0 3

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
7/12/95

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

ES.
 PREPARER

7/14/95
 DATE PREPARED

9 5 0 3 4 2 2 3 4