

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>Plasterers' and Cement Masons' Action Committee</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 14405 Laurel Place, Suite 300	2. FEC IDENTIFICATION NUMBER C00134742
CITY, STATE, and ZIP CODE Laurel MD 20707	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

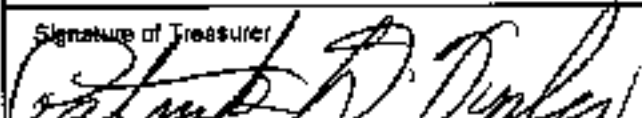
## 4. TYPE OF REPORT

- (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 \_\_\_\_\_ (election type)  
 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>01/01/1999</u> through <u>06/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		13977.38
(b) Cash on Hand at Beginning of Reporting Period	13977.38	
(c) Total Receipts (from line 19)	3503.00	3503.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17480.38	17480.38
7. Total Disbursements (from line 30)	2000.00	2000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15480.38	15480.38
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	For further information contact:
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420

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  
**Patrick D. Finley**

Signature of Treasurer  Date 7/19/99

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

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**FEC FORM 3X**  
(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Plasterers' and Cement Masons' Action Committee</b>		REPORT COVERING PERIOD	
		FROM: 01/01/1988	TO: 06/30/1988
<b>I. Receipts</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	480.00	480.00	11.a.i.
ii. Unitemized .....	2123.00	2123.00	11.a.ii.
iii. Total .....	2603.00	2603.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	2603.00	2603.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	900.00	900.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	3503.00	3503.00	19.
20. Total Federal Receipts .....	3503.00	3503.00	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2000.00	2000.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	2000.00	2000.00	30.
31. Total Federal Disbursements .....	2000.00	2000.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	2603.00	2603.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	2603.00	2603.00	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	900.00	900.00	36.
37. Net Operating Expenditures .....	-900.00	-900.00	37.

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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' Action Committee**

<b>Full Name, Mailing Address, and ZIP Code</b> Del French 22617 NE 92nd Avenue  Battle Ground WA 98604	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 01/04/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Moylan 14405 Laurel Place Suite 300 Laurel MD 20707	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> International Representative	<b>Date (month, day, year)</b> 01/04/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Del French 22617 NE 92nd Avenue  Battle Ground WA 98604	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 02/02/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Moylan 14405 Laurel Place Suite 300 Laurel MD 20707	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> International Representative	<b>Date (month, day, year)</b> 02/02/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Del French 22617 NE 92nd Avenue  Battle Ground WA 98604	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 02/26/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Moylan 14405 Laurel Place Suite 300 Laurel MD 20707	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> International Representative	<b>Date (month, day, year)</b> 02/26/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Del French 22617 NE 92nd Avenue  Battle Ground WA 98604	<b>Name of Employer</b> OPCMIA  <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 04/01/1999	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 240.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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

<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Moylan 14405 Laurel Place Suite 300 Laurel MD 20707	<b>Name of Employer</b> OPCMIA	<b>Date (month, day, year)</b> 04/01/1999	<b>Amount of Each Receipt this Period</b> 40.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> International Representative	<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Del French 22617 NE 92nd Avenue Battle Ground WA 98604	<b>Name of Employer</b> OPCMIA	<b>Date (month, day, year)</b> 04/30/1999	<b>Amount of Each Receipt this Period</b> 40.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Vice President	<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Moylan 14405 Laurel Place Suite 300 Laurel MD 20707	<b>Name of Employer</b> OPCMIA	<b>Date (month, day, year)</b> 04/30/1999	<b>Amount of Each Receipt this Period</b> 40.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> International Representative	<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Del French 22617 NE 92nd Avenue Battle Ground WA 98604	<b>Name of Employer</b> OPCMIA	<b>Date (month, day, year)</b> 06/02/1999	<b>Amount of Each Receipt this Period</b> 40.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Vice President	<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Moylan 14405 Laurel Place Suite 300 Laurel MD 20707	<b>Name of Employer</b> OPCMIA	<b>Date (month, day, year)</b> 06/02/1999	<b>Amount of Each Receipt this Period</b> 40.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> International Representative	<b>Aggregate Year-to-Date</b> > \$ 240.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

**480.00**

**SCHEDULE A****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

5 / 6

FOR LINE NUMBER  
15

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**NAME OF COMMITTEE (in Full)**  
**Plasterers' and Cement Masons' Action Committee****Full Name, Mailing Address, and ZIP Code**Advertising Novelty Co., Inc.  
4400 MacArthur Boulevard, NW  
Suite 300  
Washington DC 20007**Name of Employer**Date (month,  
day, year)

03/09/1998

Amount of Each  
Receipt this Period

900.00

Occupation

Receipt For:  Primary  General Other (specify):

Aggregate Year-to-Date &gt; \$ 900.00

**SUBTOTALS** of Receipts This Page (Optional) .....**TOTALS** This Period (last page this line number only) .....

900.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - HI - 1)	Date (month, day, year)	Amount of Each Disbursement This Period
Abercrombia for Congress 1142 Aiea Street #2420 Honolulu HI 96814	Transfer 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/02/1999	2000.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

2000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-18-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	7-21-99 DATE PREPARED