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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[]

JCM Properties LP PAC

ADDRESS (number and street)

1720 Metropolitan Street

Check if different than previously reported. (ACC)

Pittsburgh

PA

15233

2232

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00446294

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on

[] [] []

in the State of

[]

(d) 30-Day Post-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

[] [] []

in the State of

[]

5. Covering Period

07 01 2009 through 09 30 2009

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 Mr. Charles F Solkovy

Signature of Treasurer

Date

10 15 2009

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

29030180338

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

2 / 7

Write or Type Committee Name
JCM Properties LP PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																						
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	3	6	2	5	.	6	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	3	6	2	5	.	6	3
Y	Y	Y	Y																					
2	0	0	9																					
3	6	2	5	.	6	3																		
3	6	2	5	.	6	3																		
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	3	6	2	5	.	6	3																
3	6	2	5	.	6	3																		
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	2	0	0	0	.	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	2	0	0	0	.	0	0								
2	0	0	0	.	0	0																		
2	0	0	0	.	0	0																		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	2	3	6	2	5	.	6	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	2	3	6	2	5	.	6	3						
2	3	6	2	5	.	6	3																	
2	3	6	2	5	.	6	3																	
7. Total Disbursements (from Line 31)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	0	0	.	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	0	0	.	0	0								
0	0	0	0	.	0	0																		
0	0	0	0	.	0	0																		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	2	3	6	2	5	.	6	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>3</td><td>6</td><td>2</td><td>5</td><td>.</td><td>6</td><td>3</td></tr></table>	2	3	6	2	5	.	6	3						
2	3	6	2	5	.	6	3																	
2	3	6	2	5	.	6	3																	
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	0	0	.	0	0																
0	0	0	0	.	0	0																		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	0	0	.	0	0																
0	0	0	0	.	0	0																		

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

29030180339

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
JCM Properties LP PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	W	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	W	Y
2	0	0	9

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20000.00	20000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20000.00	20000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c) (Carry Totals to Line 33, page 5)	20000.00	20000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20000.00	20000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20000.00	20000.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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29030180341

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20000.00	20000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 7
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
JCM Properties LP PAC

A.

Full Name (Last, First, Middle Initial)
Jeffrey M Mascaro

Mailing Address 1720 Metropolitan Street

City Pittsburgh State PA Zip Code 15233

FEC ID number of contributing federal political committee. **C**

Name of Employer Mascaro Construction Co LP Occupation Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period contribution 5000.00

B.

Full Name (Last, First, Middle Initial)
John C Mascaro

Mailing Address 1720 Metropolitan Street

City Pittsburgh State PA Zip Code 15233

FEC ID number of contributing federal political committee. **C**

Name of Employer Mascaro Construction Company Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.4105

Amount of Each Receipt this Period contribution 5000.00

C.

Full Name (Last, First, Middle Initial)
John C Mascaro, Jr., Jr.

Mailing Address 1720 Metropolitan Street

City Pittsburgh State PA Zip Code 15233

FEC ID number of contributing federal political committee. **C**

Name of Employer Mascaro Construction Co LP Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.4107

Amount of Each Receipt this Period contribution 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 15000.00

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

29030180343

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 7
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
JCM Properties LP PAC

A.

Full Name (Last, First, Middle Initial)
Michael M Mascaro

Mailing Address 1720 Metropolitan Street

City State Zip Code
Pittsburgh PA 15233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mascaro Construction Co LP Chief Communications Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11Al.4109

Amount of Each Receipt this Period
5000.00

contribution

29030180344

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	20000.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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10/16/09

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

OR 10/24/09
 PREPARER DATE PREPARED

29030180345

RECEIVED
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2009 OCT 21 AM 11:26

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

The People For Jan Golumik

ADDRESS (number and street) Po Box 16
(Check if address is changed) Carlisle MA 01741
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
(Check if address is changed) jonejengolumik.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) www.jongolumik.com

2. DATE 10 ' 01 ' 2009

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Morrissey

Signature of Treasurer [Signature] Date 10 ' 13 ' 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

29030180346

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Two rows of grid lines for text entry.

Mailing Address

Three rows of grid lines for mailing address.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

One row of grid lines for full name.

Mailing Address

Three rows of grid lines for mailing address.

Title or Position

CITY

STATE

ZIP CODE

One row of grid lines for title or position.

Telephone number

One row of grid lines for telephone number.

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

One row of grid lines for full name of treasurer.

Mailing Address

Three rows of grid lines for mailing address.

CITY

STATE

ZIP CODE

Title or Position

One row of grid lines for title or position.

Telephone number

One row of grid lines for telephone number.

29030180348

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citizens Bank NA MASSACHUSETTS

Mailing Address

97 LOWELL ROAD

[Empty grid for Mailing Address line 2]

CONCORD MA 01742

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

29030180349

Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 10/21/09
 PREPARER DATE PREPARED

(3/2005)

29030180350