

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PLUMBERS LOCAL 14
POLITICAL FUND

ADDRESS (number and street) Check if different than previously reported
150 MAIN STREET

CITY, STATE and ZIP CODE
LODI, NJ 07644

2. FEC IDENTIFICATION NUMBER
C-00191213

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

JUL 21 1 07 PM '97

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	<u>4/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>			\$ <u>13,788.49</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>14,604.41</u>	
(c) Total Receipts (from Line 19)		\$ <u>7,129.04</u>	\$ <u>13,834.97</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>21,733.45</u>	\$ <u>27,623.46</u>
7. Total Disbursements (from Line 30)		\$ <u>7,193.63</u>	\$ <u>13,083.64</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>14,539.82</u>	\$ <u>14,539.82</u>
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)		\$	

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-6420

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 CHARLES IVERSEN

Signature of Treasurer Charles Iversen Date 7/15/97

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committee:			
i. Itemized (use Schedule A)			11043
j. Unitemized	7,092.82	13,761.05	11044
k. Total	7,092.82	13,761.05	11045
b. Political Party Committees			1106
c. Other Political Committees (such as PACs)			1107
d. Total Contributions	7,092.82	13,761.05	1108
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	36.22	72.92	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	7,129.04	13,834.97	19
20. Total Federal Receipts	7,129.04	13,834.97	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			2100
k. Non-Federal Share			2101
b. Other Federal Operating Expenditures	2,843.63	4,212.79	2102
c. Total Operating Expenditures	2,843.63	4,212.79	2103
22. Transfers to Affiliated/Other Party Committees		520.85	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,600.00	2,100.00	23
24. Independent Expenditures (Use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds			28d
29. Other Disbursements	2,750.00	6,250.00	29
30. Total Disbursements	7,193.63	13,083.64	30
31. Total Federal Disbursements	7,193.63	13,083.64	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7,092.82	13,761.05	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	7,092.82	13,761.05	34
35. Total Federal Operating Expenditures	2,843.63	4,212.79	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures	2,843.63	4,212.79	37

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)

PLUMBERS LOCAL 14 POLITICAL FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BANK OF NEW YORK 385 RIFLE CAMP ROAD WEST PATERSON, NJ 07424	INTEREST	2 Q 97	12.84 12.13 11.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 73.92	
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):	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

36.22

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

PLUMBERS LOCAL 14 POLITICAL FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GERSON + COMPANY, PC 16 ARCADIAN AVE. PARAMUS, NJ 07652	ACCOUNTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/97	275. -
DON CAPASSO 150 MAIN STREET LODI, NJ 07644	TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/97	600. -
ROBERT TERRY 150 MAIN STREET LODI, NJ 07644	TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/97	600. -
DON CAPASSO 150 MAIN STREET LODI, NJ 07644	TRAVEL EXPENSES REIMBURSEMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/97	523. 99
ROBERT TERRY 150 MAIN STREET LODI, NJ 07644	TRAVEL EXPENSES REIMBURSEMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	670. 64
CHARLES IVERSEN 150 MAIN STREET LODI, NJ 07644	TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	69. -
NS ST AFL-CIO 106 WEST STATE STREET TRENTON, NJ 08608	COPE CONFERENCE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	65. -
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)

TOTAL This Period (last page this line number only)

2843. 63

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
PLUMBERS LOCAL 14 POLITICAL FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELECTION FUND OF SENATOR KOSCO C/O MR. MICHAEL LEPAUTO 17, N. FAIRVIEW AVE PARAMUS, NJ 07652	AD BOOK DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/97	300.-
MENANDEZ FOR CONGRESS P.O. BOX 848 UNION CITY, NJ 07087	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/97	500.-
ELECTION FUND OF SENATOR KOSCO C/O MR. MICHAEL LEPAUTO 17, N FAIRVIEW AVENUE PARAMUS, NJ 07652	AD BOOK DONATION DUPLICATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/97	300.-
PASCRELL FOR CONGRESS 63 QUARTZ LANE PATERSON, NJ 07501	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/97	500.-
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)	
TOTAL This Period (last page this line number only)	1600.-

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)

PLUMBERS LOCAL 14 POLITICAL FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MC GREEVEY FOR GOVERNOR 97 90 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	1100.-
B. Full Name, Mailing Address and ZIP Code JVK CAMPAIGN COMMITTEE P.O. BOX 233 NUTLEY, NJ 07110	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	200.-
C. Full Name, Mailing Address and ZIP Code COMM TO ELECT THE HEALY TERM 633 NEWARK AVE. JERSEY CITY, NJ 07306	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/97	350.-
D. Full Name, Mailing Address and ZIP Code PASSAIC COUNTY DEMOCRATIC COMM 340 VAN HOUTEN AVE ELFINGTON, NJ 07013	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/97	200.-
E. Full Name, Mailing Address and ZIP Code BERGEN COUNTY DEMOCRATIC ORGAN 14 SOUTH STATE STREET HACKENSACK, NJ 07601	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/97	400.-
F. Full Name, Mailing Address and ZIP Code COMM TO ELECT JERAMIAH HEALY 653 NEWARK AVE JERSEY CITY NJ 07306	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97	500.-
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)

TOTAL This Period (last page this line number only)

2750.-

**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 7/17/97
<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
E.J.	7/21/97
PREPARER	DATE PREPARED

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