REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
New York State Laborers' Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1828 2nd Avenue

CITY, STATE and ZIP CODE
New York, NY 10128

2. FEC IDENTIFICATION NUMBER
C00220566

3. ☐ The 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 1/01/98 through 3/31/98		
6. (a) Cash on Hand January 1, 19__		$ 181,317.88
(b) Cash on Hand at Beginning of Reporting Period	$ 181,317.88	
(c) Total Receipts (from Line 19)	$ 135,252.25	$ 135,252.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 316,570.13	$ 316,570.13
7. Total Disbursements (from Line 30)	$ 146,638.31	$ 146,638.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 169,931.82	$ 169,931.82
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)	$ 44,434.31	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Sam Fresina

Signature of Treasurer

Date

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)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE: New York State Laborers' Political Action Committee

REPORT COVERING PERIOD FROM 1/1/98 TO: 3/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	- 0 -	- 0 -	11a(i)
i. Itemized (use Schedule A)	120,597.87	120,597.87	11a(ii)
ii. Unitemized	120,597.87	120,597.87	11a(iii)
iii. Total (add i and ii) ➤	- 0 -	- 0 -	11b
b. Political Party Committees	- 0 -	- 0 -	11c
c. Other Political Committees (such as PACs)	120,597.87	120,597.87	11d
d. Total Contributions (add a iii, b and c) ➤	- 0 -	- 0 -	12
12. Transfers From Affiliated/Other Party Committees	- 0 -	- 0 -	13
13. All Loans Received	- 0 -	- 0 -	14
14. Loan Repayments Received	14,200.65	14,200.65	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 0 -	- 0 -	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	453.73	453.73	17
17. Other Federal Receipts (Dividends, Interest, etc.)	- 0 -	- 0 -	18
18. Transfers from Nonfederal Account for Joint Activity	135,252.25	135,252.25	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	135,252.25	135,252.25	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	- 0 -	- 0 -	21a(i)
i. Federal Share	- 0 -	- 0 -	21a(ii)
ii. Non-Federal Share	146,638.31	146,638.31	21b
b. Other Federal Operating Expenditures	- 0 -	- 0 -	21c
c. Total Operating Expenditures (add a i, a ii and b) ➤	- 0 -	- 0 -	22
22. Transfers to Affiliated/Other Party Committees	- 0 -	- 0 -	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	- 0 -	- 0 -	24
24. Independent Expenditures (use Schedule E)	- 0 -	- 0 -	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	- 0 -	- 0 -	26
26. Loan Repayments Made	- 0 -	- 0 -	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	- 0 -	- 0 -	28a
b. Political Party Committees	- 0 -	- 0 -	28b
c. Other Political Committees (such as PACs)	- 0 -	- 0 -	28c
d. Total Contribution Refunds (add a, b and c) ➤	- 0 -	- 0 -	28d
29. Other Disbursements	- 0 -	- 0 -	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	146,638.31	146,638.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	146,638.31	146,638.31	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	120,597.87	120,597.87	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	120,547.87	120,547.87	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	146,638.31	146,638.31	35
36. Offsets to Operating Expenditures (from line 15)	14,200.65	14,200.65	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	132,437.66	132,437.66	37

FEC FORM 3X

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 15

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)

New York State Laborers' Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bisceglie & Friedman One Newark Center Newark, NJ 07102	Name of Employer N/A Occupation N/A	Date (month, day, year) 3/13/98	Amount of Each Receipt this Period $ 14,183.45
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Refund of retainer	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code Internal Revenue Service	Name of Employer N/A Occupation N/A	Date (month, day, year) 3/6/98	Amount of Each Receipt this Period 17.20
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll tax refund	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $ 14,200.65

TOTAL This Period (last page this line number only) > $ 14,200.65

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

New York State Laborers' Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Citibank P.O. Box 5870, Grand Central Station New York, NY 10163	N/A	1/26/98	$ 181.20
Receipt For: [ ] Primary [ ] General [X] Other (specify) Interest	Aggregate Year-to-Date $ 181.20		
B. Citibank P.O. Box 5870 Grand Central Station New York, NY 10163	N/A	2/24/98	$ 147.25
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation: N/A Aggregate Year-to-Date $ 328.45		
C. Citibank P.O. Box 5870 Grand Central Station New York, NY 10163	N/A	3/23/98	$ 125.28
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation: N/A Aggregate Year-to-Date $ 453.73		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $ 453.73

TOTAL This Period (last page this line number only) $ 453.73

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

New York State Laborers' Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Kathleen Fresina 3 Constitution Drive Glenmont, NY 12077	Payroll Disbursement for: Primary General Other (specify)	1/2/98	$ 1,989.10
B. Kathleen Fresina 3 Constitution Drive Glenmont, NY 12077	Payroll Disbursement for: Primary General Other (specify)	2/2/98	1,989.10
C. Kathleen Fresina 3 Constitution Drive Glenmont, NY 12077	Payroll Disbursement for: Primary General Other (specify)	3/2/98	1,989.10
D. NYS Income Tax W. A. Harriman Campus Albany, NY 12227	Payroll taxes Disbursement for: Primary General Other (specify)	1/2/98	132.00
E. NYS Income Tax W. A. Harriman Campus Albany, NY 12227	Payroll taxes Disbursement for: Primary General Other (specify)	2/2/98	132.00
F. NYS Income Tax W. A. Harriman Campus Albany, NY 12227	Payroll taxes Disbursement for: Primary General Other (specify)	3/2/98	132.00
G. Citibank, N.A. P.O. Box 5870 Grand Central Station New York, NY 10163	Payroll taxes Disbursement for: Primary General Other (specify)	1/2/98	677.80
H. Citibank, N.A. P.O. Box 5870 Grand Central Station New York, NY 10163	Payroll taxes Disbursement for: Primary General Other (specify)	2/2/98	677.80
I. Citibank, N.A. P.O. Box 5870 Grand Central Station New York, NY 10163	Payroll taxes Disbursement for: Primary General Other (specify)	3/2/98	677.80

SUBTOTAL of Disbursements This Page (optional) ..... $ 8,396.70

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

New York State Laborers' Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. New York State Laborers' Employers Cooperation & Education Trust, 18 Corporate Woods Boulevard, Albany, NY 12211	Reimbursed Expenses (Disbursement for: Primary / General / Other (specify))	1/7/98	$ 30,000.00
B. Meyer, Suozzi, English & Klein, 1505 Killum Place, Mineola, NY 11501	Lobbying Fees - Retainer (Disbursement for: Primary / General / Other (specify))	1/7/98	21,250.00
C. Meyer, Suozzi, English & Klein, 1505 Killum Place, Mineola, NY 11501	Reimbursed Expenses (Disbursement for: Primary / General / Other (specify))	1/7/98	818.41
D. New York State Health & Safety Fund, 18 Corporate Woods Boulevard, Albany, NY 12211	Reimbursed Expenses (Disbursement for: Primary / General / Other (specify))	1/7/98	620.42
E. Teal, Becker & Chiaramonte, CPA's, P.C., 3 Washington Square, Albany, NY 12205	Accounting Fees (Disbursement for: Primary / General / Other (specify))	1/7/98	2,800.00
F. LIUNA - Pension Fund, 905 16th NW, Washington, D.C. 20006	Pension Contribution (Disbursement for: Primary / General / Other (specify))	1/28/98	312.00
G. LIUNA - Pension Fund, 905 16th NW, Washington, D.C. 20006	Pension Contribution (Disbursement for: Primary / General / Other (specify))	3/2/98	312.00
H. Supply Mark, 76-41 Hewlett Street, New Hyde Park, NY 11040	Office Supplies (Disbursement for: Primary / General / Other (specify))	2/2/98	203.94
I. New York State Laborers' Employers Cooperation & Education Trust, 18 Corporate Woods Boulevard, Albany, NY 12211	Reimbursed Expenses (Disbursement for: Primary / General / Other (specify))	2/12/98	30,195.81

SUBTOTAL of Disbursements This Page (optional) ..... $ 86,512.58

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

New York State Laborers' Political Action Committee

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
A. New York State Laborers' Employers Cooperation & Education Trust, 18 Corporate Woods Boulevard, Albany, NY 12211	Reimbursed Expenses	3/5/98	$ 40,773.75
B. James Long, 100 State Street, Suite 330, Albany, NY 12207	Attorneys Fees	2/12/98	7,824.78
C. Internal Revenue Service Center, Ogden, UT 84201	Federal Income Taxes	3/10/98	1,711.00
D. Ernesto's Ristorante, White Plains, NY	Business Meeting	2/4/98	316.10
E. Nino's Ristorante, New York, NY	Business meeting	2/9/98	602.95
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $ 51,228.58

TOTAL This Period (last page this line number only) 146,137.86

FETA/0047

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
New York State Laborers' Political Action Committee				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor New York State Laborers' Employers; Cooperation & Education Trust 18 Corporate Woods Boulevard Albany, NY 12211	$31,786.83	$37,180.96	$31,786.83	$37,180.96
Nature of Debt (Purpose): Reimbursed shared expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor New York State Laborers' Health & Safety Fund 18 Corporate Woods Boulevard Albany, NY 12211	- 0 -	7,253.35	- 0 -	7,253.35
Nature of Debt (Purpose): Reimbursed Shared expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	44,434.31
2) TOTALS This Period (last page in this line only)	44,434.31
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	44,434.31

FE7AN24*

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 4/13/98
☐	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	

RG
PREPARER

4/17/98
DATE PREPARED

(4/98)