REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

Nov 13 4 00 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Laborers' Political League

ADDRESS (number and street) — Check if different than previously reported

905 16th St., N.W.

CITY, STATE and ZIP CODE

Washington, D.C. 20006

2. FEC IDENTIFICATION NUMBER

C00007922

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

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

X Twelfth day report preceding General (Type of Election) election on 11/5/96 in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? X YES NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10/01/96 through 10/16/96		
6.	(a) Cash on Hand January 1, 19 96		$ 523,509.82
	(b) Cash on Hand at Beginning of Reporting Period	$ 402,166.70	
	(c) Total Receipts (from Line 19)	$ 286,392.69	$ 1,180,072.57
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 688,559.39	$ 1,703,582.39
7.	Total Disbursements (from Line 30)	$ 454,200.00	$ 1,469,223.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 234,359.39	$ 234,359.39
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120

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

R. P. Vinall, Treasurer

Signature of Treasurer

Date 11/12/96

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 1/1/91)