REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 21 12 29 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00197848 082796 N 254
DENNIS VALERINO
SHEET METAL WORKERS, LOCAL UNI
ON #19, DELAWARE LEAGUE FOR PO
1301 SOUTH DELAWARE AVENUE
PHILA PA 19147

2. FEC IDENTIFICATION NUMBER
C 00 197848

3. ☐ This 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

☐ Twelfth day report preceding _____ (Type of Election) 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 4-1-96 through 9-30-96		
6. (a) Cash on Hand January 1, 19 96		$ 3511.07
(b) Cash on Hand at Beginning of Reporting Period	$ 4141.25	
(c) Total Receipts (from Line 19)	$ 2056.61	$ 3286.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 6197.86	$ 6797.86
7. Total Disbursements (from Line 30)	$ 4240.00	$ 4840.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1957.86	$ 1957.86
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)	$ -0-	

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
DENNIS VALERINO

Signature of Treasurer
Dennis Valerino

Date
10-9-96

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 9/93)

FE8AN069

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

(revised 1/1/91)

NAME OF COMMITTEE: SMW LO Union #19 PAL

REPORT COVERING PERIOD FROM 4-1-96 TO: 9-30-96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	-0-	-0-	11(a)(i)
ii. Unitemized	2056.61	3286.79	11(a)(ii)
iii. Total (add i and ii) ➤	2056.61	3286.79	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	2056.61	3286.79	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2056.61	3286.79	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	-0-	-0-	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	4240.00	4840.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4240.00	4840.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	-0-	-0-	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2056.61	3286.79	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2056.61	3286.79	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE6ANG02

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 8
	FOR LINE NUMBER 19

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)

SMW LO Union #19 Delaware League For Pol.

A. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	-0-
TOTAL This Period (last page this line number only)	-0-

FE8AN030

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 8

FOR LINE NUMBER 20

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)

SMW Lor Union #19 Delaware League For POL.

A. Full Name, Mailing Address and ZIP Code Democratic Party of Delaware P.O. Box 2065 Wilmington, DE 19899	Purpose of Disbursement Dinner Dance ticket (5) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-6-96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code tom Dandon For Good Government P.O Box 605 Wilmington, DE 19899	Purpose of Disbursement FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-6-96	Amount of Each Disbursement This Period 200.00
C. Full Name, Mailing Address and ZIP Code Committee to Re-Elect DAVE MC BRIDE	Purpose of Disbursement FUNDRAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-6-96	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Bob Gilligan	Purpose of Disbursement FUNDRAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-6-96	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code Friends of Vince Ko Frith 122 SAVANNAH DR West Bear DE 19701	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-6-96	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect JAN ALMQUEST	Purpose of Disbursement Beef + Bean Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-6-96	Amount of Each Disbursement This Period 150.00
G. Full Name, Mailing Address and ZIP Code WALSH FOR Wilmington	Purpose of Disbursement Brunch Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-16-96	Amount of Each Disbursement This Period 90.00
H. Full Name, Mailing Address and ZIP Code Committee to Re Elect toBy Ryan	Purpose of Disbursement FUNDRAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-1-96	Amount of Each Disbursement This Period 200.00
I. Full Name, Mailing Address and ZIP Code Committee to Elect tom GORDON	Purpose of Disbursement Cocktail Party Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-17-96	Amount of Each Disbursement This Period 300.00

SUBTOTAL of Disbursements This Page (optional)	1940.00
TOTAL This Period (last page this line number only)	

FE5AN068

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 8

FOR LINE NUMBER 20

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)

SMW Lo Union #19 PAL

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walsh for Wilmington 1719 Delaware Ave Wilmington, DE 19806	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-17-96	300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Al Morrist for Insurance Comm. 3407 Lancaster Ave Wilmington, DE 19803	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-29-96	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Robert Woods for City Council 1207 Robbins Place Wilmington, DE 19805	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-5-96	400.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walsh for Wilmington 1719 Delaware Ave Wilmington, DE 19806	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-5-96	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to elect Bill Baker 2013 Walmsley Dr Wilmington, DE 19808	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-5-96	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Brady 1804 Shallcross Ave Wilmington, DE 19806	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-5-96	300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delaware Building Trades Council P.O. Box 869 New Castle, DE 19720	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-22-96	600.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2300.00

TOTAL This Period (last page this line number only) 4240.00

FE5AH069

SCHEDULE C
(Revised 3/80)

LOANS

Page 6 of 8 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
SMW Lo Union #19 PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional)	-0-
TOTALS This Period (last page in this line only)	-0-

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FE6AN088

Page 7 of 8 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full) SMW Lo UN #19 PAL	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
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)	-0-
2) TOTALS This Period (last page in this line only)	-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	-0-

FEFAN069

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)

SMW Lo Andon #19 PAL

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ -0-

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ -0-

(c) TOTAL Independent Expenditures ..... $ -0-

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Denise Volonno
Signature

10-9-96
Date

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission Expires:

_____

_____
NOTARY PUBLIC

FE6AN060

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 10-09-96
☐	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

TS 10-21-96

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)