

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) United Water Resources Employee PAC	2. FEC IDENTIFICATION NUMBER _____
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 200 Old Hook Road	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Harrington Park, New Jersey 07640	

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 <u>1/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 2,582.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,582.30	
(c) Total Receipts (from Line 10)	\$ 4,489.00	\$ 4,489.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,071.30	\$ 7,071.30
7. Total Disbursements (from Line 9D)	\$ 572.00	\$ 572.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,499.30	\$ 6,499.30
9. Debts and Obligations Owed TO 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 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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 John Turner	Date 4/14/94
Signature of Treasurer 	

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

94038931557

**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 Committees	4,489	4,489	
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total	4,489	4,489	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions	4,489	4,489	11(d)
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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	4,489	4,489	19
20. Total Federal Receipts	4,489	4,489	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	572	572	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. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds			28(d)
29. Other Disbursements			29
30. Total Disbursements	572	572	30
31. Total Federal Disbursements	572	572	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,489	4,489	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,489	4,489	34
35. Total Federal Operating Expenditures	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures	0	0	37

94038931553

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1A	
FOR LINE NUMBER		

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NAME OF COMMITTEE (In Full)
 United Water Resources Employee PAC

240338931559

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald L. Correll 375 Spring Avenue Ridgewood, New Jersey 07450	Hackensack Water Co.	01/01/94 03/31/94	\$ 540.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres. & CEO	Aggregate Year-to-Date > \$ 540.00	
Robert F. Mc Gauley 58 Liberty Place Weehawken, New Jersey 07087	Hackensack Water Co.	01/01/94 03/31/94	10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 10.00	
John C. Lane 34 Falk Place Pompton Lakes, New Jersey 07442	Hackensack Water Co.	01/01/94 03/31/94	24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 24.00	
Kenneth E. Roberts 3 Lenape Drive Roseland, New Jersey 07068	Hackensack Water Co.	01/01/94 03/31/94	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 15.00	
Thomas Tavano 3 Lenape Trail Upper Saddle River, NJ 07458	Hackensack Water Co.	01/01/94 03/31/94	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 15.00	
Robert E. Thiele 77 Clinton Park Drive Bergenfield, New Jersey 07621	Hackensack Water Co.	01/01/94 03/31/94	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 75.00	
Paul R. Sokol 15 Ehret Avenue Harrington Park, New Jersey 07640	Hackensack Water Co.	01/01/94 03/31/94	12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 12.00	

SUBTOTAL of Receipts This Page (optional)	691.00
TOTAL This Period (last page this line number only)	

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

United Water Resources Employee PAC

94038931560

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Anolik 79 Linwood Terrace Clifton, New Jersey 07012	Hackensack Water Co.	01/01/94 03/31/94	\$ 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 15.00		
Mary-Ellen Mansfield 6 Lynch Court Carnerville, New York 10923	Hackensack Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 60.00		
Dennis M. Crean 85 Woodside Avenue Midland Park, New Jersey 07432	Hackensack Water Co.	01/01/94 03/31/94	18.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Auditor Aggregate Year-to-Date > \$ 18.00		
Eugene P. Murnane 28 Riceman Road Berkeley Heights, NJ 07922	Hackensack Water Co.	01/01/94 03/31/94	36.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Auditor Aggregate Year-to-Date > \$ 36.00		
John A. Polk 24 Mt. View Road Succasunna, New Jersey 07876	Hackensack Water Co.	01/01/94 03/31/94	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 15.00		
James E. Vauth, Jr. 21 Yale Street Maplewood, New Jersey 07040	Hackensack Water Co.	01/01/94 03/31/94	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Aggregate Year-to-Date > \$ 15.00		
Robert J. Iacullo 23 Holiday Drive West Caldwell, New Jersey 07006	Hackensack Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Acctg. Aggregate Year-to-Date > \$ 60.00		

SUBTOTAL of Receipts This Page (optional) 219.00

TOTAL This Period (last page this line number only)

SCHEDULE A

Payroll

ITEMIZED RECEIPTS

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

PAGE 3A OF FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

United Water Resources Employee PAC

24338231561

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis P. Mondello 173 - 12th Street Cresskill, New Jersey 07626	Hackensack Water Co.	01/01/94 03/31/94	\$ 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 90.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John A. Hroncich 256 Kensington Road River Edge, New Jersey 07666	Hackensack Water Co.	01/01/94 03/31/94	9.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 9.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William R. Gemza 55 Woodlawn Terrace Cedar Grove, New Jersey 07009	Hackensack Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 60.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel V. Hoffman 13 Hunt Road Orangeburg, New York 10962	Hackensack Water Co.	01/01/94 03/31/94	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 30.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William P. Nicholson 3 Pearl Lane New City, New York 10956	Hackensack Water Co.	01/01/94 03/31/94	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 15.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward J. Nickel 95 Tillman Street Westwood, New Jersey 07675	Hackensack Water Co.	01/01/94 03/31/94	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 30.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stuart L. Reiter 835 Allison Drive River Vale, New Jersey 07675	Hackensack Water Co.	01/01/94 03/31/94	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 30.00	

SUBTOTAL of Receipts This Page (optional) 264.00

TOTAL This Period (last page this line number only)

SCHEDULE A

Payroll

ITEMIZED RECEIPTS

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

PAGE 4A OF FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

United Water Resources Employee PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark D. Rothenberg 15 Ardaley Drive New City, New York 10956	Spring Valley Water Co.	01/01/94 03/31/94	\$ 180.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 180.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan W. Standish 21 J.F. Kennedy Drive Stony Point, New York 10980	Spring Valley Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 60.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary E. Gettler 24 Oldert Drive Pearl River, New York 10965	Spring Valley Water Co.	01/01/94 03/31/94	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller Aggregate Year-to-Date > \$ 30.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane L. Rose 78 Ridge Road Valley Cottage, New York 10989	Spring Valley Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 60.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carla E. Hjelm 30 Charles Street, Apt. 1C Westwood, New Jersey 07675	Spring Valley Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer Aggregate Year-to-Date > \$ 60.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Rose 78 Ridge Road Valley Cottage, New York 10989	Spring Valley Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 60.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Ofeldt 7 Maclean Drive Rock Tavern, New York 12575	Spring Valley Water Co.	01/01/94 03/31/94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Prod. Manager Aggregate Year-to-Date > \$ 60.00		

SUBTOTAL of Receipts This Page (optional) 510.00

TOTAL This Period (last page this line number only)

2 4 3 8 9 3 1 5 6 2

SCHEDULE A

Checks
ITEMIZED RECEIPTS

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

PAGE 6A OF
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

United Water Resources Employee PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank J. DeMico 210 Wayfair Circle Franklin Lakes, NJ 07417	Hackensack Water Co.	01/01/94 03/31/94	5 800.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Vice President	Aggregate Year-to-Date > \$ 800.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Hoven 916 Hillsdale Avenue Hillsdale, NJ 07642	Hackensack Water Co.	01/01/94 03/31/94	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna Cole 10 Cypress Street Westwood, NJ 07675	Laboratory Resources	01/01/94 03/31/94	150.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Controller	Aggregate Year-to-Date > \$ 150.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Colford 338 James Street Ridgewood, NJ 07450	Hackensack Water Co.	01/01/94 03/31/94	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Singer 134 Hazelton Circle Briarcliff Manor, NY 10510	Hackensack Water Co.	01/01/94 03/31/94	120.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Mgr. Compensation	Aggregate Year-to-Date > \$ 120.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Green 3 Buena Vista Avenue Hillsdale, NJ 07642	Hackensack Water Co.	01/01/94 03/31/94	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Turner 111 Second Avenue Westwood, NJ 07675	Hackensack Water Co.	01/01/94 03/31/94	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Vice President	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 2,070.00

TOTAL This Period (last page this line number only)

2
3
4
5
6
7
8
9
0

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

United Water Resources Employee PAC

<p>A. Full Name, Mailing Address and ZIP Code John Marino 241 Avondale Road Ridgewood, NJ 07450</p>	<p>Name of Employer Hackensack Water Co. Occupation Treasurer</p>	<p>Date (month, day, year) 01/01/94 03/31/94</p>	<p>Amount of Each Receipt this Period \$ 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 300.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		

9
4
0
3
8
2
3
1
5
6
5

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>4,489.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

United Water Resources Employee PAC

9
4
3
8
3
1
5
6
6

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Haytaian - U.S. Senate '94 2590 Nottingham Way Hamilton Township, NJ 08619	2 tickets	2/9/94	\$ 112.00
B. Full Name, Mailing Address and ZIP Code Friends of Bob Torricelli P.O. Box 809 Teaneck, New Jersey 07666	Dinner	3/10/94	\$ 210.00
C. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Marge Roukema P.O. Box 625 Ridgewood, New Jersey 07451	Reception	3/11/94	\$ 250.00
D. 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
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)

572.00

TOTAL This Period (last page this line number only)

572.00

SCHEDULE C

(Revised 3/80)

LOANS

Page ___ of ___ for
LINE NUMBER ___
(Use separate schedules
for each numbered line)

Name of Committee (in Full) _____					
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) _____		Interest Rate _____ % (APR)		Secured	
Terms: Date Incurred _____ Date Due _____					
List All Endorsers or Guarantors (if any) to Item A		(This area is shaded to indicate that the information provided in this section is not to be reported on the summary line.)			
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): _____		Interest Rate _____ % (APR)		Secured	
Terms: Date Incurred _____ Date Due _____					
List All Endorsers or Guarantors (if any) to Item B		(This area is shaded to indicate that the information provided in this section is not to be reported on the summary line.)			
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) _____					
TOTALS This Period (last page in this line only) _____					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full)	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)				
2) TOTALS This Period (last page in this line only)				
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)				

2 4 3 8 9 3 1 5 6 8

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for instructions)

Name of Committee (in Full)

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
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$	

2 4 0 3 8 9 3 1 5 6 9

Under penalty of perjury I certify that the independent expenditures reported herein were not made in violation, 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.

Subscribed and sworn to before me this day of 19 My Commission expires:

NOTARY PUBLIC

Signature Date

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page of for
LINE NUMBER

(To be used only by Political Committees in the General Election)

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Name of Political Committee (in Full)				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 : PRESIDENTIAL YEAR (65%)
 : ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	(1 POINT) .....	.....
2. U.S. SENATE	(1 POINT) .....	.....
3. U.S. CONGRESS	(1 POINT) .....	.....
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....		.....
5. GOVERNOR	(1 POINT) .....	.....
6. OTHER STATEWIDE OFFICE(S)	(1 OR 2 POINTS) .....	.....
7. STATE SENATE	(1 POINT) .....	.....
8. STATE REPRESENTATIVE	(1 POINT) .....	.....
9. LOCAL CANDIDATES	(1 OR 2 POINTS) .....	.....
10. EXTRA NON-FEDERAL POINT	(1 POINT) .....	.....
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....		.....
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....		.....

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

2
4
0
3
8
9
3
1
5
7
1

ALLOCATION RATIOS

NAME OF COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

- Methods of allocation:
- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
 - II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
 - III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

2
3
4
5
6
7
8
9

NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

RECEIPT SCHEDULE H3
(effective 1/1/81)

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE	TOTAL AMOUNT TRANSFERRED
-------------------	--------------------------

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

9 4 0 3 8 9 3 1 5 7 3

**JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE**

NAME OF COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (uses for line 31 of the detailed summary page)					

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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

4-18-94

First Class Mail

POSTMARKED

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

jes
PREPARER

4-18-94
DATE PREPARED

24038931575