

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 P 12:24

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) IFPTE LEAP-PAC		2. FEC IDENTIFICATION NUMBER CC0164509
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8630 Fenton Street, Suite 400		
CITY, STATE and ZIP CODE Silver Spring, MD 20910		
3. <input checked="" type="checkbox"/> 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

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 July 1, 2000 through September 30, 2000		
6. (a) Cash on Hand January 1, to 2000		\$ 4,678.87
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,897.87	
(c) Total Receipts (from Line 19)	\$ 8,392.24	\$ 15,996.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,290.11	\$ 20,675.11
7. Total Disbursements (from Line 30)	\$ 1,875.00	\$ 9,260.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,415.11	\$ 11,415.11
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 909 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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
Paul E. Almeida

Signature of Treasurer

Paul E. Almeida

Date

10/23/2000

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 IFPTE LEAP-PAC		REPORT COVERING PERIOD FROM 7/1/00 TO 9/30/00		
		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)	500.00	760.00	11(a)	
ii. Unitemized	7,892.24	15,236.24	11(b)	
iii. Total (add i and ii) >	8,392.24	15,996.24	11(c)	
b. Political Party Committees			11(d)	
c. Other Political Committees (such as PACs)			11(e)	
d. Total Contributions (add a ii, b and c) >	8,392.24	15,996.24	11(f)	
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,392.24	15,996.24	19	
20. Total Federal Receipts (subtract line 18 from line 19) >			20	
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)
i. Federal Share			21(a)	
ii. Non-Federal Share			21(b)	
b. Other Federal Operating Expenditures	0.00	0.00	21(c)	
c. Total Operating Expenditures (add a i, a ii, and b) >			22	
22. Transfers to Affiliated/Other Party Committees	550.00	3,875.00	23	
23. Contributions to Federal Candidates/Committees and Other Political Committees			24	
24. Independent Expenditures (use Schedule E)			25	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26	
26. Loan Repayments Made			27	
27. Loans Made				
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 (add a, b and c) >	1,325.00	5,385.00	28(d)	
29. Other Disbursements	1,875.00	9,260.00	29	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			30	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31	
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)	8,392.24	15,996.24	32	
33. Total Contribution Refunds (from line 28c)	-0-	-0-	33	
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,392.24	15,996.24	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	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a

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)

IFPTE LEAP-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul E. Almeida 70 River Street Arlington, MA 02174	IFPTE	\$10.00/wk payroll deduction Increased to \$20.00/wk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Payroll Deduction	Occupation: Int'l President Aggregate Year-to-Date: \$760.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date: \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Aggregate Year-to-Date: \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Aggregate Year-to-Date: \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Aggregate Year-to-Date: \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Aggregate Year-to-Date: \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Aggregate Year-to-Date: \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

760.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

IFPTE LEAP-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hillary Rodham Clinton For Senate Box 2759 New York, NY 10117	Hillary Clinton US Senate-NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/5/00	\$50.00
B. Full Name, Mailing Address and ZIP Code Tom Davis For Congress 9001 Braddock Road Springfield, VA 22151	Tom Davis US Congress-VA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/11/00	\$500.00
C. 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
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)

TOTAL This Period (last page this line number only)

\$550.00

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)

IFPTE LEAP-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Jersey Democratic Committee Box 10447 New Brunswick, NJ 08906	James McGreevey Mayoral Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/00	\$500.00
B. Full Name, Mailing Address and ZIP Code Nellie Pou For Assembly P O Box 2696 Patterson, NJ 07507	Nellie Pou NJ State Assembly Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$150.00
C. Full Name, Mailing Address and ZIP Code Schenectady County Democratic Comm. 46 Warwick Way Schenectady, NY 12309	Awards Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dinner and Ad	9/12/00	\$100.00
D. Full Name, Mailing Address and ZIP Code Passaic County Democratic Organization 811 Clifton Avenue Clifton, NJ 07013	Democratic Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual Cocktail Party	9/18/00	\$250.00
E. Full Name, Mailing Address and ZIP Code Friends of Senator Wayne R. Bryant P O Box 526 Camden, NJ 08101	Wayne R. Bryant NJ State Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/00	\$100.00
F. Full Name, Mailing Address and ZIP Code Committee To Elect Peter J. Barnes 9 Estok Road Edison, NJ 08817	Peter J. Barnes NJ State Assembly Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/00	\$100.00
G. Full Name, Mailing Address and ZIP Code Friends of Russo & Furey 1410 Hooper Avenue Toms River, NJ 08753	Dover township Comm Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	\$125.00
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)

\$1,325.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/23/00
<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
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/26/00 DATE PREPARED