REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

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

Wash., 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	X 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? X YES __ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 12/01/95 through 12/31/95		
6. (a)	Cash on Hand January 1, 19 95		$ 170,979.92
(b)	Cash on Hand at Beginning of Reporting Period	$ 492,965.80	
(c)	Total Receipts (from Line 19)	$ 107,544.02	$ 1,103,657.41
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 600,509.82	$ 1,274,637.33
7.	Total Disbursements (from Line 30)	$ 77,000.00	$ 751,127.51
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 523,509.82	$ 523,509.82
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

R. P. Vinall

Date 3/28/96

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 1/95)