

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

Jan 21 12 08 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

ted

2. FEC IDENTIFICATION NUMBER  
C 00174847

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	COLUMN B
5. Covering Period <u>10/1/93</u> through <u>12/31/93</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>93</u>		\$ 154,573.21
(b)	Cash on Hand at Beginning of Reporting Period	\$ 149,316.75	
(c)	Total Receipts (from Line 19)	\$ 20,285.85	\$ 75,551.43
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 169,602.60	\$ 230,124.64
7.	Total Disbursements (from Line 30)	\$ 8,550.28	\$ 69,072.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 161,052.32	\$ 161,052.32
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 202-218-3420
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: Joseph Brock

Signature of Treasurer: *Joseph Brock*      Date: 1/10/94

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

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO:
	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year
<b>I. Receipts</b>		
11 Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....		
ii. Unitemized .....	17,699.89	71,322.92
iii. Total .....	17,699.89	71,322.92
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	17,699.89	71,322.92
12 Transfers From Affiliated/Other Party Committees .....		
13 All Loans Received .....		
14 Loan Repayments Received .....		
15 Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
16 Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17 Other Federal Receipts (Dividends, Interest, etc.) .....	2,585.96	4,228.51
18 Transfers from Nonfederal Account for Joint Activity .....		
19 Total Receipts .....	20,285.85	75,551.43
20 Total Federal Receipts .....	20,285.85	75,551.43
<b>II. Disbursements</b>		
21 Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....	547.28	36,812.32
c. Total Operating Expenditures .....	547.28	36,812.32
22 Transfers to Affiliated/Other Party Committees .....		3,675.00
23 Contributions to Federal Candidates/Committees and Other Political Committees .....		150.00
24 Independent Expenditures (use Schedule E) .....		
25 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26 Loan Repayments Made .....		
27 Loans Made .....		
28 Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	3.00	720.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....	3.00	720.00
29 Other Disbursements .....	8,000.00	27,715.00
30 Total Disbursements .....	8,550.28	69,072.32
31 Total Federal Disbursements .....		
<b>III. Net Contributions/Operating Expenditures</b>		
32 Total Contributions (other than loans)(from line 11d) .....	17,699.89	71,322.92
33 Total Contribution Refunds (from line 28d) .....	3.00	720.00
34 Net Contributions (other than loans)(subtract line 33 from 32) .....	17,696.89	70,602.92
35 Total Federal Operating Expenditures .....	547.28	36,812.32
36 Offsets to Operating Expenditures (from line 15) .....		
37 Net Operating Expenditures .....	547.28	36,812.32

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 21

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) **Brewery, Soft Drink, Beer Distributors, Optical and Dental, Miscellaneous Workers, Warehousemen and Helpers LOCAL 830 POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Teamsters Local Union No. 830 12298 Townsend Rd. Phila., PA. 19154	postage reimb. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/93	\$67.28
Teamsters Local Union No. 830 12298 Townsend Rd. Phila., PA. 19154	reimb. Elec. Day expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/93	\$480.00
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

SUB-TOTAL of Disbursements This Page (additions) ..... TOTAL This Period (last page this line number only) .....	<b>\$547.28</b>
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3401732

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 2R

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NAME OF COMMITTEE (in Full) **Brewery, Soft Drink, Beer Distributors, Optical and Dental, Miscellaneous Workers, Warehousemen and Helpers LOCAL 830 POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Ford 9 Noblewood Place Willingboro, N.J. 08046	refund overdeduction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/93	\$3.00
B. 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
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 (total all)	
TOTAL This Period (last page this line number only)	\$3.00

24300732

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE      OF       
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full) **Brewery, Soft Drink, Beer Distributors, Optical and Dental, Miscellaneous Workers, Warehousemen and Helpers LOCAL 830 POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign '93 (Gov. Jim Florio) P.O. Box 3311 Cherry Hill, N.J. 08034	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/93	\$2,500.00
B. Full Name, Mailing Address and ZIP Code Republican City Comm. 14219 Barcatow St. Phila., PA. 19116	tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/93	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Michael Broderick 754 Cypress Ave. Lakewood, N.J. 08701	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/93	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Philadelphians to Elect Saide 113 South 21st St. Phila., PA. 19103	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/93	\$500.00
E. Full Name, Mailing Address and ZIP Code Friends of Anthony Carracino 8 Bahama Ave. Toms River, N.J. 08753	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/93	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Comm. to Elect Debbie Lukens-Dist. 1st P.O. Box 278 Lafayette Hill, PA. 19444	dist. CHECK VOIDED Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/93	-\$500.00
G. Full Name, Mailing Address and ZIP Code National Rainbow Coalition P.O. Box 27385 Washington, D.C. 20005	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/7/93	\$2,500.00
H. 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
I. 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

<b>\$L TOTAL</b> of Disbursements This Page (optional)	
<b>TOTAL</b> This Period (last page this line number only)	<b>\$8,000.00</b>

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.

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PREPARER

*1-21-94*

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