# 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)

C00136739
ROBERT T HEENAN 061495 P 251
IUOE LOCAL 542 OPERATING ENGIN
SERS POLITICAL ACTION FUND
1ST FLOOR-3031 WALTON ROAD
NORRISTOWN PA 19403

2. FEC IDENTIFICATION NUMBER
C00136739

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 01 01 96 through 03 31 96 | | |
| 6. (a) Cash on Hand January 1, 19 96 | | $ 7,011 — |
| (b) Cash on Hand at Beginning of Reporting Period | $ 7,011 | |
| (c) Total Receipts (from Line 19) | $ 4,141 | $ 4,141 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 11,152 | $ 11,152 |
| 7. Total Disbursements (from Line 30) | $ 11 232 | $ 11 232 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ <80> | $ <80> |
| 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: Robert T HEENAN, TREAS

Signature of Treasurer: Robert T Heenan

Date: 04.15.96

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

| C | 0 | 0 | 1 | 3 | 6 | 7 | 3 | 9 |
|---|---|---|---|---|---|---|---|---|

FEC FORM 3X
(revised 9/93)

FE5AN068