

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)
J.F.P.T.E. LEAP-PAC

ADDRESS (number and street) Check if different than previously reported
8630 Fenton Street, Suite 400

CITY, STATE and ZIP CODE
Silver Spring, MD 20910

FEB 23 9 59 AM '94

2. FEC IDENTIFICATION NUMBER
CC 0164509

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

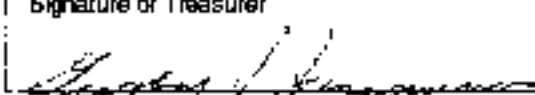
- Twelfth day report preceding General (Type of Election)
election on 11/19/94 in the State of Maryland
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/94</u> through <u>10/19/94</u>			
6. (a)	Cash on Hand January 1, 19 <u>94</u>		\$ 2847.09
(b)	Cash on Hand at Beginning of Reporting Period	\$ 2086.50	
(c)	Total Receipts (from Line 1B)	\$ 4061.50	\$ 5936.41
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6148.00	\$ 8783.50
7.	Total Disbursements (from Line 3D)	\$ 1525.00	\$ 3301.51
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4623.00	\$ 5481.99
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
Gregory J. Junemann

Signature of Treasurer  Date
10/20/94

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

FEC FORM 3X

(revised 9/93)

FEC-101

94039251343

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/94)

NAME OF COMMITTEE I. F. P. T. E LEAP-PAC		REPORT COVERING PERIOD FROM 7/1/94 TO 10/19/94	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			250.00
ii. Unitemized			
iii. Total	(add i and ii) >		
b. Political Party Committees			
c. Other Political Committees (such as PACs)		4061.50	5669.00
d. Total Contributions	(add a ii, b and c) >	4061.50	5919.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			17.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4061.50	5936.41
20. Total Federal Receipts	(subtract line 18 from line 19) >		
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			11.51
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures	(add a i, a ii, and b) >		11.51
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		1525.00	3290.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >		
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1525.00	3301.51
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		4061.50	5919.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		4061.50	5919.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	17.41
37. Net Operating Expenditures	(subtract line 36 from 35) >	-0-	(17.41)

94039051344

SCHEDULE A

ITEMIZED RECEIPTS

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)
 I.F.P.T.E. LEAP-PAC

94039051345

A. Full Name, Mailing Address and ZIP Code I.F.P.T.E. Local 3 P.O. Box 36251 Philadelphia, PA 19112	Name of Employer Philadelphia Naval Shipyard	Date (month, day, year) 7/15/94	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Vol. P/R Deductions	Occupation	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code I.F.P.T.E. Local 194 P.O. Box 790 Milltown, N.J. 08850	Name of Employer New Jersey Turnpike Authority	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 2707.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Vol. P/R Deductions	Occupation	Aggregate Year-to-Date > \$ 2707.00	
C. Full Name, Mailing Address and ZIP Code I.F.P.T.E. Local 195 49 West Prospect Street East Brunswick, NJ 08816	Name of Employer State of New Jersey	Date (month, day, year)	Amount of Each Receipt this Period 954.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Vol. P/R Deductions	Occupation	Aggregate Year-to-Date > \$ 2562.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	4061.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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)

I.F.P.T.E LEAP-PAC

6
4
3
1
5
0
2
5
0
4
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Cocktail Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Congressional Candidate	7/6/94	100.00
B. Full Name, Mailing Address and ZIP Code Middlesex County Democratic Organization P.O. Box 0118 New Brunswick, NJ 08903	Election Kick-Off Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/94	125.00
C. Full Name, Mailing Address and ZIP Code N.J. Democratic Victory Fund 1977 N. Olden Ave., Box 19923 Trenton, NJ 08618-2115	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/94	100.00
D. Full Name, Mailing Address and ZIP Code Buono for Assembly 247 Livingston Avenue New Brunswick, NJ 08901	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/94	100.00
E. Full Name, Mailing Address and ZIP Code DNC/Federal Account 430 South Capitol Street, S.E. Washington, DC 20003	1994 Presidential Photograph Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/19/94	200.00
F. Full Name, Mailing Address and ZIP Code Tom Foley Campaign Fund P.O. Box 1644 Galloway, NJ 08201	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	100.00
G. Full Name, Mailing Address and ZIP Code Election Fund for Friends of Senator John A. Girgenti 26 Paterson Avenue Haledon, NJ 07508	Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	200.00
H. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capitol Street, S.E. Washington, DC 20003	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	100.00
I. Full Name, Mailing Address and ZIP Code Citizens for Eleanor Holmes Norton 1730 Rhode Island Avenue, N.W. Suite 712 Washington, DC 20036	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/94	100.00

SUBTOTAL of Disbursements This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

I.P.P.T.E. LEAP-PAC

94039051347

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harriet Spaul for Congress 3506 Broadway Everett, WA 98201	Cocktail Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/94	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennedy for Senate 270 Congress Street, 4th Floor Boston, MA 02210	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/94	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dugan for County Clerk 43 Cherry Avenue Maple Shade, NJ 08052	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) County Clerk	10/12/94	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 400.00

TOTAL This Period (last page this line number only) 1525.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-20-94

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MMR

PREPARER

10-23-94

DATE PREPARED

94039051343