

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 (Print)		P 245	
2. FEC IDENTIFICATION NUMBER		C 00138966	
3. <input 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

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>7/1/93</u> through <u>12/31/93</u>		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 <u>93</u>		\$ 57,967.06
	(b) Cash on Hand at Beginning of Reporting Period	\$ 36,675.66	
	(c) Total Receipts (from Line 19)	\$ 18,767.58	\$ 39,195.27
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 55,443.24	\$ 97,162.33
7.	Total Disbursements (from Line 30)	\$ 14,109.55	\$ 55,828.64
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 41,333.69	\$ 41,333.69
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ None	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ None	

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	Vincent J. Giblin
Signature of Treasurer	<i>Vincent J. Giblin</i>
Date	1/21/94

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

9403374930

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: International Union of Operating Engineers Local 62 Political Action Committee

REPORT COVERING PERIOD
FROM: 1/1/93

TO: 12/31/93

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)	--	--
ii. Unitemized	18,767.58	39,195.27
iii. Total (add i and ii) >	18,767.58	39,195.27
b. Political Party Committees	--	--
c. Other Political Committees (such as PACs)	--	--
d. Total Contributions (add a iii, b and c) >	18,767.58	39,195.27
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.)	--	--
18. Transfers from Nonfederal Account for Joint Activity	--	--
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	18,767.58	39,195.27
20. Total Federal Receipts (subtract line 18 from line 19) >	18,767.58	39,195.27

II. Disbursements

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	--	--
ii. Non-Federal Share	--	--
b. Other Federal Operating Expenditures	109.55	7,703.64
c. Total Operating Expenditures (add a i, a ii, and b) >	109.55	7,703.64
22. Transfers to Affiliated/Other Party Committees	--	--
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	12,125.00
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	--	--
b. Political Party Committees	--	--
c. Other Political Committees (such as PACs)	--	--
d. Total Contribution Refunds (add a, b and c) >	--	--
29. Other Disbursements	6,000.00	36,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,109.55	55,828.64
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	14,109.55	55,828.64

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	18,767.58	39,195.27
33. Total Contribution Refunds (from line 28d)	--	--
34. Net Contributions (other than loans) (subtract line 33 from 32)	18,767.58	39,195.27
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	109.55	7,703.64
36. Offsets to Operating Expenditures (from line 15)	--	--
37. Net Operating Expenditures (subtract line 36 from 35) >	109.55	7,703.64

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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) International Union of Operating Engineers
Local 68 Political Action Committee

94030747110

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Fidelity Bank Bloomfield Avenue West Caldwell, NJ 07006	Bank charges	7/12/93	20.14
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/11/93	18.26
	<input type="checkbox"/> Other (specify)	9/13/93	15.31
B. Full Name, Mailing Address and ZIP Code First Fidelity Bank Bloomfield Avenue West Caldwell, NJ 07006	Purpose of Disbursement Bank charges	Date (month, day, year) 10/12/93	Amount of Each Disbursement This Period 17.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/12/93	19.96
	<input type="checkbox"/> Other (specify)	12/10/93	18.20
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUB TOTAL of Disbursements This Page (optional)

109.55

TOTAL This Period (last page this area number only)

109.55

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full) International Union of Operating Engineers
Local 68 Political Action Committee

2400374033

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Klein for Congress P.O. box 1758 Clifton, NJ 07015	9/27/93 Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	5,000.00
B. Full Name, Mailing Address and ZIP Code Jon Payne for Congress P.O. Box 2406 Newark, NJ 07114	12/4/93 Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/93	500.00
C. Full Name, Mailing Address and ZIP Code Jon Payne for Congress P.O. Box 2406 Newark, NJ 07114	12/1/93 Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/93	2,500.00
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 (of Page) 8,000.00

TOTAL This Period (last page this line number only) 8,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full) International Union of Operating Engineers Local 68 Political Action Committee

2473374034

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign '93 150 Metroplex Drive Raleigh, NC 27607	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/93	5,000.00
Poor Billy's Route 9 North Woodbridge, NC 27095	Reception- James E. McGreevey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/93	1,000.00
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)

6,000.00

TOTAL This Period (last page this line number only)

6,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

34079749115

A. 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: \$		
B. 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: \$		
C. 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: \$		
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 (not until)

TOTAL This Period (last page this line number only)

LOANS

3407974036

Name of Lender (in Full)						
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (Specify) _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ Secured <input type="checkbox"/>				List All Endorsers or Guarantors (if any) to Item A		
1. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ Secured <input type="checkbox"/>				List All Endorsers or Guarantors (if any) to Item B		
1. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding \$	
SUBTOTALS This Period (This Page Optional)						
TOTALS This Period (See page in this line only)						

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Rev. 5-23-80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page _____ of _____
LINE NUMBER _____
Use separate schedules
for each numbered line!

Name of Contributor (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
2. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
3. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
4. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
5. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
6. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
7. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
8. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
9. SUBTOTALS This Period This Page (optional)				
10. TOTAL This Period (last page this line only)				
11. TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
12. ADD 10 and 11 and carry forward to appropriate line of Summary Page (last page only)				

34003740307

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		C.O. No.		
Full Name, Mailing Address & ZIP Code of Each Place	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & affiliation: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

2 7 2 7 3 7 4 2 3 3 8

I, the undersigned, certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____

_____, 19____

My Commission Expires _____

NOTARY PUBLIC

Signature Date

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATE(S) FOR FEDERAL OFFICE
(2 U.S.C. § 441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee.				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payer	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate: \$			
Full Name, Mailing Address and ZIP Code of Each Payer	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate: \$			
Full Name, Mailing Address and ZIP Code of Each Payer	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate: \$			
Full Name, Mailing Address and ZIP Code of Each Payer	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate: \$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

243740119

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (55%)
 ALL OTHER YEARS (50%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (55%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	1 POINT	
2. U.S. SENATE	1 POINT	
3. U.S. CONGRESS	(1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	1 POINT	
6. OTHER STATEWIDE OFFICE(S)	1 OR 2 POINTS	
7. STATE SENATE	1 POINT	
8. STATE REPRESENTATIVE	1 POINT	
9. LOCAL CANDIDATES	1 OR 2 POINTS	
10. EXTRA NON-FEDERAL POINT	1 POINT	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9 AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

1
2
3
4
5
6
7
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4
5
6
7
8
9
0

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3

(Reference to Instructions)

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

PAGE	OF
FOR LINE 10	

NAME OF DONOR	TOTAL AMOUNT TRANSFERRED
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NAME OF ACCOUNT	DATE OF RECEIPT	\$
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMINISTRATIVE DRIVE AMOUNT	DIRECT FUND RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative Voter Drive				
j) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
k) Exempt Activity/Direct Candidate Support (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMINISTRATIVE DRIVE AMOUNT	DIRECT FUND RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative Voter Drive				
j) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
k) Exempt Activity/Direct Candidate Support (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMINISTRATIVE DRIVE AMOUNT	DIRECT FUND RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

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JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE

NAME OF COMMITTEE

A FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR TO DATE \$ DIRECT CANDIDATE SUPPORT					
B FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR TO DATE \$ DIRECT CANDIDATE SUPPORT					
C FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR TO DATE \$ DIRECT CANDIDATE SUPPORT					
D FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR TO DATE \$ DIRECT CANDIDATE SUPPORT					
E FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR TO DATE \$ DIRECT CANDIDATE SUPPORT					
F FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR TO DATE \$ DIRECT CANDIDATE SUPPORT					
\$ TOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (Use page for candidate only) (Fed. share to 21a) and non-Fed. share to 21b)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for inc. 3) of the related summary page					

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**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-22-94</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>MLC</i> PREPARER	<i>1-24-94</i> DATE PREPARED

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