REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 21 11 29 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
I.B.E.W. LOCAL UNION #349 ELECTROPAC

ADDRESS (number and street) ☐ Check if different than previously reported
1657 NW 17TH

CITY, STATE and ZIP CODE
MIAMI, FLORIDA 33125

2. FEC IDENTIFICATION NUMBER
C-001-366-89

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 07/01/96 through 09/30/96		
6 (a)	Cash on Hand January 1, 19 96		$ 20,002.40
(b)	Cash on Hand at Beginning of Reporting Period	$ 17,184.48	
(c)	Total Receipts (from Line 19)	$ 14,611.07	$ 52,012.61
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,795.55	$ 72,015.61
7.	Total Disbursements (from Line 30)	$ 20,850.65	$ 61,070.11
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10,944.90	$ 10,944.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10.	Debts and Obligations Owed BY 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

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
BRIAN RAPPAPORT

Signature of Treasurer
Brian Rappaport

Date
10-18-96

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 9/93)

1-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: I.B.E.W. LOCAL UNION #349 ELECTROPAC

REPORT COVERING PERIOD FROM 07/01/96 TO: 09/30/96

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)			11(a)
ii. Unitemized	14,494.75	51,533.14	11(a)
iii. Total (add i and ii) ➤	14,494.75	51,533.14	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	14,494.75	51,533.14	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	116.32	479.47	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,611.07	52,012.61	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,611.07	52,012.61	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i
ii. Non-Federal Share			21(a)ii
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	20,850.65	61,070.11	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	20,850.65	61,070.11	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	20,850.65	61,070.11	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,494.75	51,533.14	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,494.75	51,533.14	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE5AN066

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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.B.E.W. LOCAL UNION #349 ELECTROPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ELECTRICIANS LOCAL #349 CREDIT UNION 1657 NW 17TH MIAMI, FLORIDA 33125 Receipt For: [ ] Primary [ ] General [X] Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date $	07/01/96	116.32
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	116.32
TOTAL This Period (last page this line number only)	116.32

FE5AN085

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

I.B.E.W. LOCAL UNION #349 ELECTROPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JUDGE MARGARITA ESQUIROZ FOR RE-ELEC. 736 CATALONIA AVENUE CORAL GABLES, FL 33154	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	07/02/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JULIO RUBAINA 1444 BISCAYNE BLVD. MIAMI, FLORIDA 33132	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	07/10/96	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC BLACK CAUCUS OF DADE CTY. 9999 N.E. 2 AVENUE MIAMI SHORES, FLORIDA 33138	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	07/10/96	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FLORIDA AFL CIO 135 S. MONROE ST. TALLAHASSEE, FLORIDA 32301	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	07/18/96	350.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MILLWARD & CO 2745 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FLORIDA 33309	ACCOUNTING SERVICES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/02/96	328.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RENIER DIAZ DE LA PORTILLA 1481 NW 22 STREET MIAMI, FLORIDA 33142	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/13/96	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SOUTH FLORIDA CHAPTER NECIA 7600 W 20TH AVENUE, SUITE 215 HIALEAH, FLORIDA 33016	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/13/96	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IN FOCUS P.O. BOX 4492 HOLLYWOOD, FLORIDA 33083-4492	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/14/96	400.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 4,078

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF

FOR LINE NUMBE 29

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NAME OF COMMITTEE (In Full)

I.B.E.W. LOCAL UNION #349 ELECTROPAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This P
A. PETER WEINSTEIN 7880 N. UNIVERSITY DRIVE, SUITE 302 TAMARAC, FLORIDA 33321	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/14/96	875.00
B. JIMMY MORALES CAMPAIGN 4361 MAYFAIR DR. MIAMI, FLORIDA 33133	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/17/96	500.00
C. DENNIS MOSS 10710 SW 211 STREET, SUITE 204 MIAMI, FLORIDA 33189	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/20/96	500.00
D. GEORGE STUART FOR CONGRESS P.O. BOX 5429 DELTONA, FLORIDA 327-5429	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/22/96	1,000.00
E. THOMAS REGALADO 2960 CORAL WAY MIAMI, FLORIDA 33134	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/27/96	500.00
F. MANOLO REYES 5301 SW 7 STREET MIAMI, FLORIDA 33134	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/28/96	500.00
G. PETER CAPUA 28 W. FLAGLER STREET, SUITE 540 MIAMI, FLORIDA 33130	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/29/96	500.00
H. WHERE HAVING A PARTY 13366 SW 128 STREET MIAMI, FLORIDA	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/03/96	1,000.00
I. I.B.E.W. COPE INTERNATIONAL 1125 15 STREET NW WASHINGTON, DC 20005	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/09/96	5,000.00

SUBTOTAL of Disbursements This Page (optional) 10,375.00

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

4/00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

I.B.E.W. LOCAL UNION #349 ELECTROPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General X Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
JOHN W. MARTIN CAMPAIGN FUND P.O. BOX 37 HAWTHORNE, FLORIDA 32640	DONATION	09/10/96	250.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Pe**
CHUCK CLEMONS CAMPAIGN FUND 6012 NW 114 PL ALACHUA, FLORIDA 32615	DONATION	09/10/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Pe**
SCHOTT MEMORIAL CENTER FOUNDATION, INC. 295 W 79 PL HIALEAH, FLORIDA 33014	DONATION	09/10/96	1,200.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Pe**
JANET BOLLUM CAMPAIGN FUND 112 S WOODLAND BLVD. DELAND, FLORIDA 32720	DONATION	09/10/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
RENIER DIAZ DE LA PORTELLO 1481 NW 22 STREET MIAMI, FLORIDA 33142	DONATION	09/11/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
ALEX PENELAS FOR MAYOR 4500 SE FINANCIAL CENTER MIAMI, FLORIDA 33131	DONATION	09/11/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
KAREN D. ERICSON 1657 NW 17 AVENUE MIAMI, FLORIDA 33125	DONATION	09/19/96	88.65
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
BARBARA CAREY 6230 NW 7 AVENUE MIAMI, FLORIDA 33142	DONATION	09/24/96	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General X Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
RE-ELECT SHERRIFF RON COCHRAN P.O. BOX 1440 FT. LAUDERDALE, FLORIDA 33302	DONATION	09/24/96	500.00

SUBTOTAL of Disbursements This Page (optional) 4,288.65

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBE: 29

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NAME OF COMMITTEE (In Full)

I.B.E.W. LOCAL UNION #349 ELECTROPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
G.S.F.M.T.C. 2 W DIXIE HIGHWAY DANIA, FLORIDA 33004	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/25/96	600.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Pe**
JIMMY MORALES 4361 MAYFAIR DR. MIAMI, FLORIDA 33133	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/26/96	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
JOHN F. COSGROVE 201 WEST F MIAMI, FLORIDA 33130	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
DUVAL COUNTY DEMOCRATIC COMMITTEE 3325 PLYMOUTH ST. JACKSONVILLE, FLORIDA 32205	DONATION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
ELECTRICIANS LOCAL #349 CREDIT UNION 1657 NW 17TH AVENUE MIAMI, FLORIDA 33125	BANK CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	07/15/96	3.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
ELECTRICIANS LOCAL #349 CREDIT UNION 1657 NW 17 AVENUE MIAMI, FLORIDA 33125	BANK CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	08/15/96	3.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
ELECTRICIANS LOCAL #349 CREDIT UNION 1657 NW 17 AVENUE MIAMI, FLORIDA 33125	BANK CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/16/96	3.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2,109.00

TOTAL This Period (last page this line number only) 20,850.65

4-00173

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 10-18-96
☐	Registered/Certified Mail	POSTMARKED
☐	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

MN

PREPARER

10-21-96

DATE PREPARED

FEC FORM 70-2 (12/92)