

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) T.F.P.T.E. LEAD-PAC	JUL 7 11 55 AM '93
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8701 Georgia Avenue, #701 CITY, STATE and ZIP CODE Silver Spring, MD 20910	2. FEC IDENTIFICATION NUMBER 000164509
3. <input checked="" 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 2541.93
(b) Cash on Hand at Beginning of Reporting Period	\$ 3165.06	
(c) Total Receipts (from Line 19)	\$ 2028.29	\$ 3698.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5193.35	\$ 6240.16
7. Total Disbursements (from Line 30)	\$ 2346.26	\$ 3393.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2847.09	\$ 2847.09
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 800-424-9530 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

John H. Dunne

Signature of Treasurer



Date

1/25/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE I.F.P.T.E. LEAP-PAC		REPORT COVERING PERIOD FROM 7/1/93 TO 12/31/93	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
1. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			
ii. Unitemized		1970.25	3602.00
iii. Total (add i and ii) >		1970.25	3602.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		1970.25	3602.00
2. Transfers From Affiliated/Other Party Committees			
3. All Loans Received			
4. Loan Repayments Received			
5. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
6. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
7. Other Federal Receipts (Dividends, Interest, etc.)		58.04	96.23
8. Transfers from Nonfederal Account for Joint Activity			
9. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		2028.29	3698.23
10. Total Federal Receipts (subtract line 18 from line 9) >			
II. Disbursements			
1. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		66.26	113.07
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >		66.26	113.07
2. Transfers to Affiliated/Other Party Committees			
3. Contributions to Federal Candidates/Committees and Other Political Committees		2280.00	3280.00
4. Independent Expenditures (use Schedule E)			
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
6. Loan Repayments Made			
7. Loans Made			
8. 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) >			
9. Other Disbursements			
10. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		2346.26	3393.07
11. Total Federal Disbursements (subtract line 21 a ii from line 10) >			
III. Net Contributions/Operating Expenditures			
1. Total Contributions (other than loans)(from line 11d)		1970.25	3602.00
2. Total Contribution Refunds (from line 28d)		-0-	-0-
3. Net Contributions (other than loans)(subtract line 33 from 32)		1970.25	3602.00
4. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	-0-
5. Offsets to Operating Expenditures (from line 15)		58.04	96.23
6. Net Operating Expenditures (subtract line 36 from 35) >		(58.04)	(96.23)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11C

All 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)

J.F.P.T.E. LEAF-PAC

04038751316

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JFPIE Local 195 49 West Prospect Street East Brunswick, NJ 08816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Vol. P/R Deductions	State of New Jersey Occupation Aggregate Year-to-Date > \$ 3602.00		1970.25
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	1970.25
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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.P.T.E. LEAP-PAC

742387507

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DNC/Federal Account 430 South Capitol Street, S.E. Washington, DC 20003	Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/26/93	50.00
B. Full Name, Mailing Address and ZIP Code Palone for Congress Box 4176 Long Branch, NJ 07740	Cocktail Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/4/93	150.00
C. Full Name, Mailing Address and ZIP Code Florida '93 Campaign 100 Metroplex Plaza Edison, NJ 08817	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/93	500.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect John Pezzino 110 Willow Street Bloomfield, NJ 07003	Fundraiser Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/93	50.00
E. Full Name, Mailing Address and ZIP Code Friends of Anthony Carracino 8 Bahama Avenue Toms River, NJ 08753	Fundraiser Summer Fest Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/93	35.00
F. Full Name, Mailing Address and ZIP Code Dileo for Senate 193 13 Rock Royal Road Yardville, NJ 08620	Fundraiser Dance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/93	70.00
G. Full Name, Mailing Address and ZIP Code Friends of Michael Broderick 754 Cypress Avenue Lakewood, NJ 08701	Cocktail Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/27/93	150.00
H. Full Name, Mailing Address and ZIP Code Committee to Elect Bernard Kenny, Jr. 5 Marineview Plaza, Suite #2 Hoboken, NJ 07030	Fundraiser Dinner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/93	200.00
I. Full Name, Mailing Address and ZIP Code Friends of Carracino, Mallon & Phillips 8 Bahama Avenue Toms River, NJ 08753	Fundraiser Dinner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/93	100.00

SUBTOTAL of Disbursements This Page (optional) 1305.00

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.R.T.E. LEAF-PAC

3 4 5 6 7 8 9 0 1 2 3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casey for Senate 700 White Birch Drive Cinaminson, NJ 08077	Fundraiser Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/93	250.00
Bayonne Democrats '93 235 Broadway Bayonne, NJ 07002	Cocktail Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/93	125.00
Friends of Thomas F. Cowan 122 Highland Avenue Jersey City, NJ 07306	Cocktail Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	100.00
Friends of Wynona Liptan P.O. Box 248 Newark, NJ 07101	Fundraiser Breakfast Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/93	200.00
Sengari Campaign 1200 Clinton Avenue Irvington, NJ 07111	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/93	150.00
Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Fundraiser Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/93	150.00
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

SL: BTOTAL of Disbursements This Page (optional) 975.00

TOTAL This Period (last page this line number only) 2280.00

**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

1-25-94

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

JM H

PREPARER

1-27-94

DATE PREPARED

2 4 - 3 8 7 5 J 9 1 9