REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): IUOP Local 825 Pol Act & Ed Committee

ADDRESS (number and street) ☐ Check if different than previously reported: 535 US Rt 46 E

CITY, STATE and ZIP CODE: Little Falls NJ 07424

2. FEC IDENTIFICATION NUMBER: C000 71194 JAN 2 9 51 PM '98

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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 10/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 1997		$ 112,723.53
(b) Cash on Hand at Beginning of Reporting Period	$ 114,136.19	
(c) Total Receipts (from Line 19)	$ 5388.84	$ 21,983.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 119,525.03	$ 134,707.51
7. Total Disbursements (from Line 30)	$ 15,540.96	$ 30,723.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 103,984.07	$ 103,984.07
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 202-376-3120

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: Joseph Whittles

Signature of Treasurer: Joseph Whittles

Date: 1/2/98

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 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE: IUOE Local 825 Pol Act Cd Comm

REPORT COVERING PERIOD FROM 10/1/97 TO 12/31/97

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0	0
ii. Unitemized	4407.07	18,407.07
iii. Total (add i and ii) ➤	4407.07	18,407.07
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	4407.07	18,407.07
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	141.00	141.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	840.77	3435.91
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5388.84	21,983.98
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5388.84	21,983.98
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	10,840.96	22,673.44
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	10,840.96	22,673.44
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	4700.00	8050.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (Add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,540.96	30,723.44
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,540.96	
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4407.07	18,407.07
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	4407.07	18,407.07
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	10,840.96	22,673.44
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	10,840.96	22,673.44

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): IUOE Local 825 Pol Act Ed Committee

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: First Union National Bank, 410 Minnisink Rd, Totowa NJ 07512		10/6/97	308.37
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: First Union National Bank, 410 Minnisink Rd, Totowa NJ 07512		11/10/97	287.28
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: First Union National Bank, 410 Minnisink Rd, Totowa NJ 07512		12/4/97	245.12
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Aggregate Year-to-Date > $ 347.41		
D. Full Name, Mailing Address and ZIP Code			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

TOTAL This Period (last page this line number only) . . . . . > 840.77

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full): I.U.O.E Local 825 Pol Act Ed Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Wm H Connolly & Co, 56 Park Street, Montclair NJ 07042	—	11/3/97	141.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): Insurance Policy Credit	Occupation: —		
	Aggregate Year-to-Date > $ 141.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 141.00

TOTAL This Period (last page this line number only) > 141.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . .

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

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

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
IUOE Local 825 Pol Action Ed Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American Express L McCurrie 380 Davis Ave Kearny NJ 07032	Refunds Pac Business Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/9/97	$48.64
B. Full Name, Mailing Address and ZIP Code IRS Holtsville NY 00501	Corp Tax 1120 Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/14/97	$583.00
C. Full Name, Mailing Address and ZIP Code William H Connolly & Co 56 Park Street Montclair NJ 07042	Insurance Policy Renewal Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/15/97	$313.00
D. Full Name, Mailing Address and ZIP Code IUOE Local 825 535 US Rt 46E Little Falls NJ 07424	Petty Cash Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/16/97	400.00
E. Full Name, Mailing Address and ZIP Code Creative Services 100 Central Ave S Kearny NJ 07032	Pac Mailing Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/16/97	$147.40
F. Full Name, Mailing Address and ZIP Code Citibank Lockbox Operations Lockbox # 5166 1615 Brett Rd New Castle DE 19720	Postage for Pac Mailing Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/17/97	$120.00
G. Full Name, Mailing Address and ZIP Code American Express L McCurrie 380 Davis Ave Kearny NJ 07032	Refunds for Pac Business Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/23/97	$39.81
H. Full Name, Mailing Address and ZIP Code Bell Atlantic PO Box 4733 Trenton NJ 08650-4833	Phone Bill Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/23/97	$32.43
I. Full Name, Mailing Address and ZIP Code AT&T PO Box 371430 Pittsburgh PA 15250	Long Distance Phone Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/27/97	$4.16

SUBTOTAL of Disbursements This Page (optional) $5739.44

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 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full): IUOE Local 825 Pol Act & Ed Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ed Feeney, 33 Dunneman Ave, Kingston NY 12401	Reimb PAC Bus; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/30/97	$22.00
B. Laura Davis, IUOE Local 825, 535 US Rt 46E, Lake Hiawatha NJ 07424	Petty Cash; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/30/97	$300.00
C. Robert Nufaro, 27 King George Rd, Warren NJ 07060	Reimb PAC Business; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/5/97	$37.32
D. Les McCurrie, 380 Davis Ave, Kearny NJ 07032	Reimb PAC Business; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/6/97	$131.04
E. Bell Atlantic - NJ, PO Box 4733, Trenton NJ 08650-4733	Phone Bill; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/21/97	$25.31
F. Les McCurrie, 380 Davis Ave, Kearny NJ 07032	Reimb PAC Business; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/24/97	$60.16
G. AT&T, PO Box 371430, Pittsburgh PA 15250	AT&T Long Distance; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/24/97	$7.13
H. Northeastern States Conference IUOE, 2 Greenwood Square, Bensalem PA 19020	Legislative Assessment; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/97	$456.00
I. Moore Stephens, P.C., 340 North Ave, Cranford NJ 07016	Professional Services; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/12/97	$2900.00

SUBTOTAL of Disbursements This Page (optional) $4939.16

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

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
IUOE Local 825 Pol Act Ed Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American Express 360 Davis Ave Kearny NJ 07032	Reimb for Business Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	12/22/97	1136.72
B. Full Name, Mailing Address and ZIP Code Bell Atlantic-NJ PO Box 4833 Trenton NJ 08650-4833	Phone Bill Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	12/22/97	23.11
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	162.36
TOTAL This Period (last page this line number only)	10,840.96

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)
Tuoe Hoeah 825 Pol Action & Ed Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Citizens for Gilman PO Box 3001 Middletown NY 10940	1 ticket Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/10/97	$200.00
B. Full Name, Mailing Address and ZIP Code Franks for Congress PO Box 661 New Providence NJ 07974	3 tickets Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/19/97	$1500.00
C. Full Name, Mailing Address and ZIP Code The Lautenberg Committee 14 Fairfield Place W Caldwell NJ 07006	3 tickets Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/1/97	$3000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$4700.00
TOTAL This Period (last page this line number only)	$4700.00

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (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: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) ☐ Secured

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: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) ☐ Secured

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 (last 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
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

_____ of _____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page _____ of _____ Pages

Name of Committee (In Full)

I.D. No.

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures . . . . . $_____

(b) SUBTOTAL of Unitemized Independent Expenditures . . . . . $_____

(c) TOTAL Independent Expenditures . . . . . $_____

Under penalty of perjury I 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 republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

_____ Signature

_____ Date

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

My Commission expires

_____

_____ NOTARY PUBLIC

SCHEDULE F

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

Page ___ of ___ for
LINE NUMBER ___

(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? ☐ YES ☐ 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 Payee	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 Payee	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 Payee	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 Payee	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)				

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	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
☐	Electronic Filing	

L.A.O.
PREPARER

1/21/98
DATE PREPARED

(7/97)