

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 7 8 15 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
IBEW Local Union #349 Electronics

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

CITY, STATE and ZIP CODE
Miami FL 33127

2. FEC IDENTIFICATION NUMBER
6-001-366-89

3. This committee has qualified as a multicandidate committee. (see FEC FORM 110)

4. TYPE OF REPORT

- 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

- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election 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>7/1/97</u> through <u>12/31/97</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>97</u>		\$23,309.57
(b)	Cash on Hand at Beginning of Reporting Period	\$31,063.30	
(c)	Total Receipts (from Line 19)	\$39,153.62	\$81,721.90
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$70,216.92	\$105,031.47
7.	Total Disbursements (from Line 30)	\$33,497.47	\$68,312.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$36,719.45	\$36,719.45
9.	Debits and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ None	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-426-6330 Local 202-218-3427
10.	Debits 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 **BRIAN RAPPOPORT**

Signature of Treasurer *Brian Rappoport* Date **1/30/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE IBEW LOCAL UNION # 349 ELECTROPAC		REPORT COVERING PERIOD FROM 7/1/97 TO 12/31/97	
Receipts		COLUMN A Total This Period	COLUMN B Disbursements
Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees:			
i. Itemized (use Schedule A)			1100
ii. Unitemized		38 701.85	80 920.48
iii. Total (add i and ii) >		38 701.85	80 920.48
b. Political Party Committee			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >			
		38 701.85	80 920.48
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.)			
		451.77	801.43
18. Transfers from Nonfederal Accounts for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts (subtract line 18 from line 19) >			
		39 153.62	81 721.90
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			2100
ii. Non-Federal Share			2100
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
		3043.87	11 823.43
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
		10 000.00	18, 225.00
24. Independent Expenditures (use Schedule C)			
25. Coordinated Expenditures Made by Party Committee (P.U.S.C. 441a(2)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committee			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
		20453.60	38 263.60
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
		33 497.47	68 312.02
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
		38 701.85	81 721.90
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from line 32)			
		38 701.85	81 721.90
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from line 35) >			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 218

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)			
IBEW 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
KAREN D ERICSON 165T NW 17 AVE MIAMI, FL 33125	VOTERS REG. - APRIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/17/97	88.65
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MILLWARD + CO CPA 2745 W CYPRESS CREEK RD FT LAUD, FL 33309	ACCOUNTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/7/97	490-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIAMI SILK SCREEN 1450 N MIAMI AVE MIAMI, FL 33136	T-SHIRTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/97	828.57
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRIAN RAPPOPORT 165T NW 17 AVE MIAMI, FL 33125	CONVENTION EX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/97	1145-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MILLWARD + CO CPA 2745 W CYPRESS CREEK RD FT LAUD, FL 33309	ACCOUNTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/20/97	200-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MILLWARD + CO CPA 2745 W CYPRESS CREEK RD FT LAUD, FL 33309	ACCOUNTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/4/97	203-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KAREN D ERICSON 165T NW 17 AVE MIAMI, FL 33125	VOTERS REG OCT-DEC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/22/97	88.65
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)			
TOTAL This Period (last page this line number only)			3,043.87

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)
 IBEW 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
DEMOCRATIC NATL COMMITTEE 430 S CAPITOL SE WASHINGTON, DC 20003	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/9/97	10,000 ⁻
B. 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
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)	
TOTAL This Period (last page this line number only)	10,000 ⁻

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)			
IBEW 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
Labor Day Parade & Festival Committee 5400 NW 22 Ave Suite 701 Miami, FL 33142	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/25/97	500-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Gresa Margolis County Commission Dist 4 19800 NE 22 Pl N.M. Bch FL 33179	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/4/97	500-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Pedro Rebores! County Commission Dist 9 7022 NW Le Sueur Suite 659 Miami FL 33126	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/4/97	500-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Napp 5750 Collins Ave Apt 10-A Miami Bch FL 33140	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/10/97	500-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dade County Chief Fire Officers Assoc. 444 SW 2 Ave Miami FL 33130	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/11/97	300-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Samuels Re-Elect District 4 BSSB 2503 N Nob Hill Rd Blk 189 Suite 402 Miami FL 33122	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/15/97	500-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Calder Race Course 21001 NW 27 Ave Miami FL 33056	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/17/97	340-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tamiami Youth Baseball Assoc 11201 SW 24 St Miami FL 71	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/24/97	100-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Heart Assoc 600 Brickell Ave Suite 200 Miami FL 33131	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/24/97	100-
SUBTOTAL of Disbursements This Page (optional)			3340-
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 **6**
FOR LINE NUMBER **29**

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Perre Rutledge Campaign	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/25/97	500-
DAVID SINGER 19436 NE 26 Ave Suite 84 Miami FL 33180	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/25/97	500-
BETAVICOURT Campaign Court Campaign Dist 116 11604 SW 100 Terrace Miami FL 33176	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/26/97	500-
John T Cosgrove Campaign 301 W Flagler St Miami FL 33130	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/29/97	500-
LU 272 JATC 285 NW 199 St Miami FL 33169	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/30/97	480-
Kathy Martinez Fl. House District 58 1947 Dr. Martin Luther King Blvd Tampa FL 33622	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/1/97	500-
Neisen Kaslin For Mayor 960 ALTON RD Miami Bch FL 33139	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/7/97	500-
Joe Fontana Commissioner Miami Bch 5750 Collins Ave Miami Bch 33140	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/7/97	250-
David Dermer Commission II 420 Lincoln Rd Suite 327 Miami Bch 33139	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/7/97	250-

SUBTOTAL of Disbursements This Page (option II)

3980-

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 3 OF 6
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)			
IBEW 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
ADA L Ferandi Commissioner 11 Island Ave # 510 Miami Bch 33134	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/7/97	250-
Arthur Tule 5400 NW 22 Ave Suite 794 33142 MIAMI	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/7/97	500-
Matti Bower 1628 Jefferson Ave Miami FL 33139	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/7/97	250-
Re-Elect Perla Tabares Hantman 2665 S Bayshore Dr Miami FL 33133	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/13/97	500-
Bush For Governor 2810 SHAGEN RD Suite 9-15 71 32303 Tallahassee	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/23/97	500-
Karen D. Erickson July - Sept 97 1657 NW 17 Ave Miami 71 33125	Voters Reg Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/16/97	8865
Muciam Alonso District 12 2230 SW 8 St MIAMI 71 33135	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/24/97	500-
Raul Martinez 470 W 49 St Hialeah 71	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/28/97	500-
Spence EIA Commissioner 625 W 46 St 71 33140 Miami Bch	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/15/97	500-
SUBTOTAL of Disbursements This Page (optional)			358865
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

List required schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 6
FOR LINE NUMBER 291

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NAME OF COMMITTEE (in full)

IBEW 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
Jose Smith Commissioner 2450 NE MIAMI Gardens N.M.B. Fl 33180	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/5/97	500-
Neisen Kardin For Mayor M 40 400 Alton Rd Miami Bch Fl 33139	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/5/97	500-
David Denner 420 Lincoln Rd Ste 372 Miami Bch 33179	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/5/97	250-
Math Bower 1628 Jefferson Ave Miami Bch 33139	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/5/97	250-
Alex Morales 1339 W 83 St Hialeah Fl 33014	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/6/97	500-
Marie Row, Esq 470 W 49 St Hialeah Fl 33012	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/6/97	500-
Julio Robaina 1410 NE 2 Ave Miami 33132	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/6/97	500-
Rene Garcia 217 E 63 St Hialeah Fl 33013	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/6/97	500-
Singer Cruz 5237 Lagorch Dr MI Bch 33149	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		250-

SUBTOTAL of Disbursements This Page (optional)

3750-

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6
FOR LINE NUMBER 29

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NAME OF COMMITTEE (If Filer)			
IBEW Local Union #349 Electropac			
A. Full Name, Mailing Address and ZIP Code Richard Weiner Campaign Fund Davie Town Council 4811 S UNIVERSITY DAVIE, FL 33328	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 12/30/97	Amount of Each Disbursement This Period 500-
B. Full Name, Mailing Address and ZIP Code FL FOOD RECOVERY INC 12050 NE 14 AVE NMB, FL 33131	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 11/25/97	Amount of Each Disbursement This Period 750-
C. Full Name, Mailing Address and ZIP Code NATIONAL JOURNAL GROUP, INC. CAPITAL SOURCE FALL '97 1501 M STREET NW WASHINGTON, DC 20005	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 12/4/97	Amount of Each Disbursement This Period 44.95
D. Full Name, Mailing Address and ZIP Code GIFT CERTIFICATE 1651 NW 17 AVE MIAMI, FL 33125	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 12/16/97	Amount of Each Disbursement This Period 1500-
E. Full Name, Mailing Address and ZIP Code KATHY SARENSON COMM 111 NW 1 ST STREET MIAMI, FL 33128	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 12/19/97	Amount of Each Disbursement This Period 500-
F. Full Name, Mailing Address and ZIP Code SOUTH FLORIDA COUNCIL BSA 15255 NW 82 AVE MIAMI, FL 33016	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 7/15/97	Amount of Each Disbursement This Period 500-
G. Full Name, Mailing Address and ZIP Code RE-ELECT JUDGE VICTORIA SIBLE 821 NE 107 ST MIAMI, FL 33161	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 8/7/97	Amount of Each Disbursement This Period 500-
H. Full Name, Mailing Address and ZIP Code DAVID PEARLSON FOR MAYOR - CITY MIAMI BEACH 3179 MERIDIAN AVE MIAMI BEACH, FL	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 8/19/97	Amount of Each Disbursement This Period 500-
I. Full Name, Mailing Address and ZIP Code ELLEN SUE VENZEL 7465 SW 50 CT MIAMI, FL 33143	Purpose of Disbursement DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 8/19/97	Amount of Each Disbursement This Period 500-
SUBTOTAL of Disbursements This Page (optional)			5294.95
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 6
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

IBEW 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
WILLIAM TURNER 9999 NE 2 AVENUE MIAMI SHORES, FL 33138	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/19/97	500 ⁻
B. 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
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)

500⁻

TOTAL This Period (list page this line number only)

20,453 60

**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 1/30/98
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J.A.Q. PREPARER	2/7/98 DATE PREPARED