

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

**Connecticut Carpenters
Legislative Improvement Committee
P.O. Box 562 Norwalk, Connecticut 06852
Glenn Marshall - Treasurer**

Dec 28 11 00 AM '98

December 21st, 1998

Federal Elections Commission
999 F. Street NW
Washington, D.C. 20463

Dear Don,

Enclosed please find the Post-General Election Report for the period covering October 1st through November 23rd, for the Connecticut Carpenters Legislative Improvement Committee. I understand that the deadline was December 3rd, as I utilized the schedule as per the FEC Form 3X. It was brought to my attention that the Post Election Report was due prior to the January 31st Year End Report.

This was an oversight on my part and I will adjust my reporting calendar to reflect this. Thank you for your indulgence, should you have further questions regarding this matter, please call me at (203) 846-2003.

Sincerely,



Glenn Marshall
Treasurer

cc: Kevin M. Byxbee.

- Custodian of Records

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) Connecticut Carpenters Legislative Improvement Committee, United Brotherhood of Carpenters and Joiners of America, Local 210

ADDRESS (number and street) Check if different than previously reported
P.O. Box 562

CITY, STATE and ZIP CODE
Norwalk, CT 06852

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
00150045 Dec 20 11 06 AM '98

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

- 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 Nov. 3 in the State of CT

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>10-1-98</u> through <u>11-23-98</u>		
6.	(a) Cash on Hand January 1, 19 <u>98</u>		\$ 12,481.13
	(b) Cash on Hand at Beginning of Reporting Period	\$ 31,371.41	
	(c) Total Receipts (from Line 18)	\$ 66,128.97	\$ 37,519.25
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 37,500.38	\$ 50,000.38
7.	Total Disbursements (from Line 30)	\$ 15,000.00	\$ 27,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,500.38	\$ 22,500.38
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 202-694-1100
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

Glenn Marshall

Signature of Treasurer



Date

12-21-98

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

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

OF COMMITTEE Carpenters Legislative Improvement Committee		REPORT COVERING PERIOD		
		FROM 10-1-98	TO: 11-23-98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	0	0	11(b)
i.	Itemized (use Schedule A)	6,095.69	37,330.27	11(a)(i)
ii.	Unitemized	0	0	11(a)(ii)
iii.	Total (add i and ii) >	6,095.69	37,330.27	11(d)
b.	Political Party Committees	0	0	11(e)
c.	Other Political Committees (such as PACs)	0	0	11(f)
d.	Total Contributions (add a ii, b and c) >	6,095.69	37,330.27	11(h)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	33.28	188.98	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,128.97	37,519.25	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	6,128.97	37,519.25	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i.	Federal Share	0	0	21(a)(ii)
ii.	Non-Federal Share	0	0	21(b)
b.	Other Federal Operating Expenditures	0	0	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees	0	0	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	15,000.00	27,500.00	24
24.	Independent Expenditures (use Schedule E)	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26.	Loan Repayments Made	0	0	27
27.	Loans Made	0	0	28(a)
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(b)
b.	Political Party Committees	0	0	28(c)
c.	Other Political Committees (such as PACs)	0	0	28(d)
d.	Total Contribution Refunds (add a, b and c) >	0	0	29
29.	Other Disbursements	0	0	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,000.00	27,500.00	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	15,000.00	27,500.00	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	6,095.69	37,330.27	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from line 32)	6,095.69	37,330.27	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from line 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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) Connecticut Carpenters Legislative Improvement Committee.
United Brotherhood of Carpenters and Joiners of America, Local 210

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norwalk, Savings Society 48 Wall Street Norwalk, CT 06852	Interest	October through November	\$33.28
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 (optional)	33.28
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

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) Connecticut Carpenters Legislative Improvement Committee
United Brotherhood of Carpenters and Joiners of America; Local 210

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larson for Congress 131 Hartland Street East Hartford, CT 06108 Barry Feldman-Treas.	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-7-98	\$5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 49 Huntington Street New Haven, CT 06511 Joshua Young - Treas.	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	\$2,500.00
C. Full Name, Mailing Address and ZIP Code Friends of Charlotte Koskoff P.O. Box 7094 Plainville, CT 06092 Dan Ciesielski - Treas.	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98	\$2,500.00
D. Full Name, Mailing Address and ZIP Code Weygand Committee P.O. Box 7818 Warwick, RI 02887-7818 Peter Fogerty - Treas.	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-98	\$2,500.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	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)

\$15,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12-23-98
<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
<input type="checkbox"/> Electronic Filing	
 <i>LEN</i> PREPARER	 12-28-98 DATE PREPARED