

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 JAN 20 A 10 53

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

ADDRESS (number and street) 000386713 121203 N 258 PETER HEACOX CONNECTICUT INDEPENDENT UTILIT Y WORKERS LOCAL 12924 PAC (CT PD 00) 231243 HARTFORD CT 06123

Check if different than previously reported. (AOC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0 0 3 5 B 7 1 3

3. IS THIS REPORT NEW (N) OR AMENDED (A)

Table with 4 columns: TYPE OF REPORT (Choose One), (a) Monthly Report Due On, (b) 12-Day PRE-Election Report for the, (c) 30-Day POST-Election Report for the. Includes options like Quarterly Report, Year-End Report, Primary, General, etc.

5. Covering Period 10/01/2003 through 12/31/2003

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 Peter D. Heacox

Signature of Treasurer [Handwritten Signature] Date 01/15/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Connecticut Independent Utility Workers Local #12924 PAC

Report Covering the Period:

From: 1 0 0 1 2 0 0 3

To: 1 2 3 1 2 0 0 3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 0 3		3 3 5 2 8
(b) Cash on Hand at Beginning of Reporting Period	1 0 6 8 1 3	
(c) Total Receipts (from Line 19)	9 0 3 4	6 9 2 0 8
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 1 5 8 4 7	1 1 5 8 4 7
7. Total Disbursements (from Line 31)	1 0 0 0 0	1 0 0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1 0 5 8 4 7	1 0 5 8 4 7
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 151)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2013)

Page 3

Write or Type Committee Name

Connecticut Independent Utility Workers Local #12924 PAC

Report Covering the Period: From: 10/01/2001 To: 12/31/2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))		
(b) Political Party Committees	8 9 0 0	3 9 0 0
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 39, page 5)	8 9 0 0	6 2 1 0 0
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To: Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made (i) Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1 3 4	5 0 5
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9 0 3 4	6 3 5 9 5
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9 0 3 4	6 3 5 9 5

DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committee		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1 0 0 0 0	1 0 0 0 0
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §412(a)) (see Schedule F)		
26. Loan Requests Made		
27. Loans Made		
28. Refunds or Contributions to:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1 0 0 0 0	1 0 0 0 0
32. Total Federal Disbursements (submit on Line 21(a)(i) and Line 30(a)(i) from Line 31)	1 0 0 0 0	1 0 0 0 0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of this Detailed Summary Page		FOR LINE NUMBER (check only one)		PAGE 1 OF 1	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30

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 Independent Utility Workers Local #12924 PAC

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Date of Disbursement 11 07 2003
Mailing Address		Amount of Each Disbursement this Period 1 0 0 0 0
City Washington D. C.	State Zip Code	
Purpose of Disbursement Contribution		Category/Type 0 1 1
Candidate Name Democratic National Committee		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1 0 0 0 0
TOTAL This Period (last page: this line number only)	1 0 0 0 0

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 (R/C) 1-15-04
<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>DMW</i> PREPARER		1-20-04 DATE PREPARED

(6/2003)