



RECEIVED
 FEDERAL ELECTION
 COMMISSION MAIL ROOM
**NEW JERSEY STATE
 CARPENTERS NON-PARTISAN
 POLITICAL EDUCATION COMMITTEE**

2000 APR 18 P 12 13

DEDICATED TO SOCIAL JUSTICE FOR THE WORKING MEN AND WOMEN OF NEW JERSEY

April 14, 2000

James Capizzi, Chairman
 41 Ryan Avenue
 Trenton, NJ 08610
 Phone (609) 396-3131
 Fax (609) 393-1555

Thomas C. Ober, Sec.-Treas.
 430 So. Broadway
 Gloucester, NJ 08030
 Phone (856) 456-3400
 Fax (856) 456-3730

**NEW JERSEY
 STATE COUNCIL
 OF CARPENTERS**

THOMAS C. OBER
 PRESIDENT

SUREN TEGGAR
 SECRETARY TREASURER

ROBERT TERRISI
 VICE PRESIDENT

**EXECUTIVE BOARD
 MEMBERS**

WILLIAM MICHALOWSKI
 DELEGATE AT LARGE

**CERALE WILSON
 WILLIAM BUTTIN
 JOHN CLARK**

**NORTHERN
 REGIONAL COUNCIL**

**LEONARD FISHBEIN
 DAVID BRADY
 WILLIAM SCHULTZ**

**CENTRAL
 REGIONAL COUNCIL**

**THOMAS CANTO
 PHIL PARRATT
 WILLIAM COYNE**

**CAPITAL
 REGIONAL COUNCIL**

**FRANK SPENCER
 ROBERT "SUD" BOYCE
 DENNIS GARDNER**

**SOUTH JERSEY
 REGIONAL COUNCIL**

FEC
 999 E Street, NW
 Washington, DC 20463

Re: FEC Identification Number C-00332593

Dear Sir or Madam:

Please be advised that Thomas Ober, the Treasurer of the above-referenced PAC, is out of town and unavailable to sign the enclosed FEC Form 3X for the period that ended 4/15/00. In the interest of submitting the report in a timely manner, I have signed the report and an amended report will be filed as soon as possible.

Don't hesitate to contact me at (856) 456-2002 if you have any questions.

Very truly yours,

Barry R. Malesich
 Committee Member

BRM:ks



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1000 APR 13 P 12:13

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) New Jersey State Carpenters Non-Partisan Political Education Committee		2. FEC IDENTIFICATION NUMBER C 00332593
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 430 South Broadway		
CITY, STATE and ZIP CODE Gloucester NJ 08030		
3. <input 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:

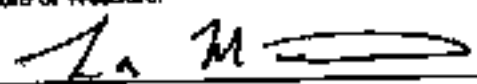
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 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>1/1/2000</u> through <u>3/31/2000</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>2000</u>		\$ 46,773.00
(b)	Cash on Hand at Beginning of Reporting Period	\$ 46,773.00	
(c)	Total Receipts (from Line 19)	\$ 248,681.00	\$ 248,681.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 295,454.00	\$ 295,454.00
7.	Total Disbursements (from Line 30)	\$ 21,448.00	\$ 21,448.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 274,006.00	\$ 274,006.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	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)	\$ 0.00	

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 Committee Barry Malesich Committee Member	Date
Signature of Freeholder 	4/14/00

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 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE New Jersey State Carpenters Non-Partisan PEC		REPORT COVERING PERIOD	
		FROM 1/1/00	TO: 3/31/00
		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)	.00	.00	11(a)(i)
ii. Unitemized <u>DUES Checkoff by members</u>	248,681.00	248,681.00	11(a)(ii)
ii. Total (add i and ii) >	.00	.00	11(a)(a)
b. Political Party Committees	.00	.00	11(b)
c. Other Political Committees (such as PACs)	.00	.00	11(c)
d. Total Contributions (add a ii, b and c) >	248,681.00	248,681.00	11(d)
12. Transfers From Affiliated/Other Party Committees	.00	.00	12
13. All Loans Received	.00	.00	13
14. Loan Repayments Received	.00	.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.00	.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	.00	.00	17
18. Transfers from Nonfederal Account for Joint Activity	.00	.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	248,681.00	248,681.00	19
20. Total Federal Receipts (subtract line 15 from line 19) >	248,681.00	248,681.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	.00	.00	21(a)(i)
ii. Non-Federal Share	.00	.00	21(a)(ii)
b. Other Federal Operating Expenditures	.00	.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	.00	.00	21(c)
22. Transfers to Affiliated/Other Party Committees	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,500.00	20,500.00	23
24. Independent Expenditures (use Schedule E)	.00	.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 447a(d)) (use Schedule F)	.00	.00	25
26. Loan Repayments Made	.00	.00	26
27. Loans Made	.00	.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	.00	.00	28(a)
b. Political Party Committees	.00	.00	28(b)
c. Other Political Committees (such as PACs)	.00	.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	.00	.00	28(d)
29. Other Disbursements	948.00	948.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,448.00	21,448.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	21,448.00	21,448.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	248,681.00	248,681.00	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	248,681.00	248,681.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	21,448.00	21,448.00	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	21,448.00	21,448.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

New Jersey Carpenters Non-Partisan PEC

A. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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)

New Jersey State Carpenters Non-Partisan PEC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Florio For Senate Committee 26 Springfield Rd Cherry Hill, NJ 08003	Senate NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) # 2017	1/5/00	\$ 5,000.00
B. Full Name, Mailing Address and ZIP Code James Capizzi 41 Ryan Ave Trenton, NJ 08610	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) #2018 travel	2/8/00	244.00
C. Full Name, Mailing Address and ZIP Code Lapolla For Congress PO Box 2003 Westfield, NJ 07091	Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) #2019	2/8/00	500.00
D. Full Name, Mailing Address and ZIP Code Payne For Congress PO Box 2204 Newark, NJ 07114	Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) #2020	2/9/00	5,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mt Holly, NJ 08060	Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) #2021	2/10/00	5,000.00
F. Full Name, Mailing Address and ZIP Code LoBlondo for Congress Laddis Ave Vineland, NJ	Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) #2022	2/10/00	5,000.00
G. Full Name, Mailing Address and ZIP Code Sylvester Management Corp. PO Box 986 Irmo, SC 29063	Election Reporting Sem Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) #2023	3/9/00	265.00
H. Full Name, Mailing Address and ZIP Code Hyatt Regency on Capitol Hill 400 New Jersey Ave. Washington DC	Conference on Election Law Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) #2024	3/9/00	424.00
I. Full Name, Mailing Address and ZIP Code Hudson United Bank MacArthur Blvd Mahwah, NJ 07430	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/15/00	15.00

SUBTOTAL of Disbursements This Page (optional)

21,448.00

TOTAL This Period (last page this line number only)

21,448.00

LOANS

Name of Committee (in Full) New Jersey State Carpenters Non-Partisan PEC			
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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)			0.00
TOTALS This Period (last page in this line only)			0.00
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) New Jersey State Carpenters Non-Partisan PEC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments 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)				0.00
2) TOTALS This Period (last page in this line only)				0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0.00

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

**JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE**

NAME OF COMMITTEE


New Jersey State Carpenters Non-Partisan PEC

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					0.00
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.1 and non-Fed. share to 21 a.4)					0.00
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					0.00

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 4/14/00
<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	
	4-18-00
PREPARER	DATE PREPARED