

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Dec 3 3 36 PM '98

1. NAME OF COMMITTEE (in full) **International Brotherhood of Painters & Allied Trades Political Action Together**

ADDRESS (number and street)  Check if different than previously reported  
**1750 New York Avenue, N.W.**

CITY, STATE and ZIP CODE  
**Washington, DC 20006**

2. FEC IDENTIFICATION NUMBER  
**C00000885**

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 11/11/98 in the State of District of Columbia

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 425,940.29
(b) Cash on Hand at Beginning of Reporting Period		\$ 464,768.86	
(c) Total Receipts (from Line 19)		\$ 13,742.65	\$ 373,144.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 478,511.51	\$ 799,084.70
7. Total Disbursements (from Line 30)		\$ 54,769.81	\$ 375,343.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 423,741.70	\$ 423,741.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ .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)		\$ .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 Treasurer  
**James A. Williams**

Signature of Treasurer  
*James A. Williams*

Date  
**12/02/98**

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 8/93)

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

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(revised 1/1/91)

NAME OF COMMITTEE INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 10/15/1998 TO: 11/23/1998	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	12742.65	127668.15	11.a.i.
ii. Unitemized .....	0.00	201971.80	11.a.ii.
iii. Total .....	12742.65	329657.75	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	12742.65	329657.75	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	30829.36	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	1000.00	1000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	11457.30	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	13742.65	373144.41	19.
20. Total Federal Receipts .....	13742.65	373144.41	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	52943.29	21.b.
c. Total Operating Expenditures .....	0.00	52943.29	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	49559.81	200069.81	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	618.65	28.c.
d. Total Contributions Refunds .....	0.00	618.65	28.d.
29. Other Disbursements .....	5100.00	121711.25	29.
30. Total Disbursements .....	54759.81	375343.00	30.
31. Total Federal Disbursements .....	54759.81	375343.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	12742.65	329657.75	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	618.65	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	12742.65	329239.10	34.
35. Total Federal Operating Expenditures .....	0.00	52943.29	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	52943.29	37.

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code MR. JOSEPH CARTER 11 PRESCOTT LANE  GEROGETOWN MA 01833  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/15/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MR. PS MAC LEAN 203 CONDOR STREET  E. BOSTON MA 02128  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MR. JOSEPH GUILLAND 18 ALPINE AVENUE  EVERETT MA 02149  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MR. MARK J LOHAN 167 KING STREET  DORCHESTER MA 02122  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MR. JP SULLIVAN 38 CROOKED LEDGE RD.  SOUTHAMPTON MA 01073  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/15/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Mr. WILLIAM MC DEVITT 41 BARTLETT STREET #FL 1  MALDEN MA 02148  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MR. RA HARRIMAN 94 LEIGHTON LANE  TEWKSBURY MA 01878  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBPAT  Occupation BUSINESS REPRESENTATIVE  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11AJ

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> MR. JOSEPH ITRI 21 GRIMES STREET  BOSTON MA 02127	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/18/1998	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MS. LORI SOUTHERN 28 HARRIS RD.  MEDFORD MA 02155	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/16/1998	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. WJ DOHERTY 31 PAISELY PARK  DORCHESTER MA 02124	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/16/1998	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. JOHN HARRMAN	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/16/1998	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. EL AVOLIO 7 SEAVIEW AVE  BOSTON MA 02128	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/16/1998	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. CE FOGELL 109 IVES RD.  WARWICK MA 02886	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/18/1998	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. JEFF J. DOBERNECKI* 604 TOLEDO TRAIL  GEORGETOWN TX 78628	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 10/16/1998	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 10.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 31
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (in Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MR. JOSEPH BUGAY 12 CHANDLER DRIVE  MARSHFIELD MA 02050		Name of Employer IBPAT		Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code MR. JOHN LAUGHLIN 30 WILFRED STREET  LYNN MA 01905		Name of Employer IBPAT		Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code MR. SA MC INTOSH RT 1 BOX 103  COUNCIL BLUFFS IA 51501		Name of Employer IBPAT		Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		Aggregate Year-to-Date > \$ 340.00	
Full Name, Mailing Address, and ZIP Code MR. WS WILKERSON 2601 NW MADRONA ST  VANCOUVER OR 98685		Name of Employer IBPAT		Date (month, day, year) 10/16/1998	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Mr. MARK GRIFFITH MC INTYRE* 9 UNION STREET  AMESBURG IN 01913		Name of Employer IBPAT		Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 45.00 PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		Aggregate Year-to-Date > \$ 45.00	
Full Name, Mailing Address, and ZIP Code MR. WE MASSEY 538 NORFOLK PLACE  DANVILLE CA 94608		Name of Employer IBPAT		Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 45.00 PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		Aggregate Year-to-Date > \$ 295.00	
Full Name, Mailing Address, and ZIP Code Mr. RICHARD HACKNEY* P.O. BOX 1291  CLEDENIN WV 25045		Name of Employer IBPAT		Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 90.00 PAYROLL DEDUCTION \$10 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation IATF COORDINATOR		Aggregate Year-to-Date > \$ 540.00	
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	6 / 31
				FOR LINE NUMBER	11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>INTERNATIONAL BROTHERHOOD OF PAINTERS &amp; ALLIED TRADES POLITICAL ACTION COMMITTEE</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. ROBERT S. MASINGO* 925 H MARIBA KY 40322	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$6 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. G.R. CASH* RT. 1 BOX 253 BRODHEAD NC 40418	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. T.A. SULLIVAN* 1302 S. WEBSTER STREET HARRISBURG IL 62946	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 35.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 35.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. C.H. MONDAY* 2330-2 CAROLINA AVE. BRISTOL FL 37830	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 54.00	PAYROLL DEDUCTION \$10 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 108.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. NATHAN T. HOOKS* 1510 FARMERS LOOP RD FAIRBANKS AR 99708	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. B.G. HURST* #12 SHEFFIELD LITTLE ROCK AR 72218	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. ROGER PERKINS RR 2 BOX 281A OZARK AR 72849	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>SUBTOTALS of Receipts This Page (Optional)</b> .....					
<b>TOTALS This Period (last page this line number only)</b> .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	7 / 31
				FOR LINE NUMBER	11A1
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<b>NAME OF COMMITTEE (in Full)</b> <b>INTERNATIONAL BROTHERHOOD OF PAINTERS &amp; ALLIED TRADES POLITICAL ACTION COMMITTEE</b>					
Full Name, Mailing Address, and ZIP Code MR. J. MAYO* P.O. BOX 860  FLETCHER                      OK   73541	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 45.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK			
		Aggregate Year-to-Date > \$      45.00			
Full Name, Mailing Address, and ZIP Code MR. CHARLES E. SLAUGHTER* 1855 GUNDERSON RD.  MT. VERNON                      WA   98273	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 45.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK			
		Aggregate Year-to-Date > \$      45.00			
Full Name, Mailing Address, and ZIP Code MR. R.D. BAPPE* P.O. BOX 369  WALDPORT                      IA   97404	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 45.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK			
		Aggregate Year-to-Date > \$      45.00			
Full Name, Mailing Address, and ZIP Code MR. CHARLES FOLAND* 3888 STEWART LANE  DUMFRIES                      VA   22026	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 90.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IATF COORDINATOR	PAYROLL DEDUCTION \$10 PER WEEK			
		Aggregate Year-to-Date > \$      730.00			
Full Name, Mailing Address, and ZIP Code MR. T. RAFTERY* 1131 WOODEN DRIVE  FLORISSANT                      MO   63033	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 45.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$6 PER WEEK			
		Aggregate Year-to-Date > \$      45.00			
Full Name, Mailing Address, and ZIP Code MR. DENNIS W. BOND* 3825 NE BENTLEY CIRCLE  KANSAS CITY                      MO   64118	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 90.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IATF COORDINATOR	PAYROLL DEDUCTION \$10 PER WEEK			
		Aggregate Year-to-Date > \$      730.00			
Full Name, Mailing Address, and ZIP Code MR. D.J. SAIN* R R 1 BOX 139A  STEVENSVILLE                      MT   59880	Name of Employer IBPAT	Date (month, day, year) 11/02/1998	Amount of Each Receipt this Period 45.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK			
		Aggregate Year-to-Date > \$      45.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 31
				FOR LINE NUMBER	11A)
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>INTERNATIONAL BROTHERHOOD OF PAINTERS &amp; ALLIED TRADES POLITICAL ACTION COMMITTEE</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MR RAY BOYLAW* 217 TERRA VERDE DRIVE  BUTTE MT 59701	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$6 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. AL FLETCHER* HC 75 BOX 47  CHADRON MO 68347	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$6 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. RAYMOND SMITH 4020 DALE STREET APT. #1 ANCHORAGE AK 98508	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. GAGLAND DAVID GABBARD 980 13TH ST. NE  SALEM OR 97301	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MS. BETTY CAROL ROBINETTE 4312 DECATUR HWY  KINGSTON TN 37763	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/02/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR G.E. MC LELLAN* 699 DANYA PLACE  SEDRO WOOLLEY WA 98901	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/15/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. E.J. GREVIER* ROOT RD.  WESTFIELD MA 01085	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/16/1998	<b>Amount of Each Receipt this Period</b> 45.00	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 31
					FOR LINE NUMBER 11A1
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) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MR. JOHN MALONE 284 COLD SPRINGS STREET BELGHERTOWN MA 01007		Name of Employer IBPAT		Date (month, day, year) 11/16/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. RALPH LITTLEFIELD* 999 MISSION FIRST DRIVE ST. MARYS GA 31558		Name of Employer IBPAT		Date (month, day, year) 11/19/1998 PAYROLL DEDUCTION \$5 PER WEEK	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code MR. J.G. JOLIN* 49 BREAKNECK ROAD STURBRIDGE MA 01566		Name of Employer IBPAT		Date (month, day, year) 11/19/1998 PAYROLL DEDUCTION \$5 PER WEEK	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code MR. J.P. CREVIER* 99 CROOKED LEDGE RD., W. SOUTHAMPTON MA 01073		Name of Employer IBPAT		Date (month, day, year) 11/18/1998 PAYROLL DEDUCTION \$10 PER WEEK	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 600.00			
Full Name, Mailing Address, and ZIP Code MR. H.F. BISHOP* 1319 SO. BROADWAY E. PROVIDENCE MA 02914		Name of Employer IBPAT		Date (month, day, year) 11/19/1998 PAYROLL DEDUCTION \$5 PER WEEK	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code MR. SCOTT GAREMKO*  CT		Name of Employer IBPAT		Date (month, day, year) 11/19/1998 PAYROLL DEDUCTION \$5 PER WEEK	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code Mr. WILLIAM COURTIEN* 1948 SCHENECTDAY AVE. BROOKLYN NY 11234		Name of Employer IBPAT		Date (month, day, year) 11/19/1998 PAYROLL DEDUCTION \$10 PER WEEK	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXECUTIVE ASST. TO PRESIDENT			
		Aggregate Year-to-Date > \$ 730.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 31
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MR. GREGORY STONER* 343 CRESTWOOD AVENUE  BUFFALO NY 14216		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 41.40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$2.20 PER WEEK	
		Aggregate Year-to-Date > \$ 41.40			
Full Name, Mailing Address, and ZIP Code MR. AW DE MARCHIS, JR. 611 TOPAZ #5  REDWOOD CITY CA 94061		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$3 PER WEEK	
		Aggregate Year-to-Date > \$ 334.00			
Full Name, Mailing Address, and ZIP Code MR. J.H. WOLFORD* 100 DEVON LANE  WILLIAMSVILLE NY 14221		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 88.40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$8.20 PER WEEK	
		Aggregate Year-to-Date > \$ 338.00			
Full Name, Mailing Address, and ZIP Code MR. JAMES A. WILLIAMS* 23 GAELIC COURT  HOLLAND PA 18966		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GEN. SEC. TREASURY		PAYROLL DEDUCTION \$20 PER WEEK	
		Aggregate Year-to-Date > \$ 1028.00			
Full Name, Mailing Address, and ZIP Code Mr. GEORGE GALIS* 655 SOUTH RIDGE ROAD  COAL CERNER PA 15423		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 730.00			
Full Name, Mailing Address, and ZIP Code Mr. SEAN MC GARVEY* 730 BAYLOR STREET  DELRAN NJ 08075		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 135.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE		PAYROLL DEDUCTION \$15 PER WEEK	
		Aggregate Year-to-Date > \$ 970.00			
Full Name, Mailing Address, and ZIP Code Mr. R.J. WUNNER* 480 DAMA STREET  WILKES BARRE PA 18702		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 31
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (in Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code Mr. RICHARD SIGMOND* 12 PEAR TREE LANE  LAFAYETTE PA 18444		Name of Employer SAGOT, JENNINGS, & SIGMOND		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY		PAYROLL DEDUCTION \$20 PER WEEK	
		Aggregate Year-to-Date > \$ 880.00			
Full Name, Mailing Address, and ZIP Code MR. WILLIAM CANDELORI 6443 MALVERN AVE.  PHILADELPHIA PA 19151		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$20 PER WEEK	
		Aggregate Year-to-Date > \$ 550.00			
Full Name, Mailing Address, and ZIP Code MR. WILLIAM ANDERSON 2008 NW 51ST STREET  SEATTLE WA 98107		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation POLITICAL ACTION REPRESENTATIVE		PAYROLL DEDUCTION \$20 PER WEEK	
		Aggregate Year-to-Date > \$ 1180.00			
Full Name, Mailing Address, and ZIP Code Mr. TIMOTHY STRICKER* 2818 NORCOM RD  PHILADELPHIA PA 19154		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation FIELD ORGANIZER		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 720.00			
Full Name, Mailing Address, and ZIP Code MR. MARIO LEONE 3740 CALVERT BLVD.  ST. LEONARD MD 20685		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code Mr. TIM EDNEY* 1412 PINELAKE LANE  BOWIE MD 20718		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 600.00			
Full Name, Mailing Address, and ZIP Code MR. STEPHEN LEBER* 5850 CAMERON RUN TERRACE #150B  ALEXANDRIA VA 22303		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 86.85
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation JOB CORP TECH.		PAYROLL DEDUCTION \$9.25 PER WEEK	
		Aggregate Year-to-Date > \$ 337.75			
SUBTOTALS of Receipts This Page (Optional) .....					
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 31
					FOR LINE NUMBER 11A
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NAME OF COMMITTEE (In Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code Mr. CHARLES HARRIS* 4012 STOCOMGA DRIVE  BELTSVILLE MD 20705		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXEC. ASST. TO GST		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code MR. MANSFIELD HUGH WEATHERS* 2819 DOUGLAS STREET  ALEXANDRIA VA 22306		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EDUCATIONAL COOR.		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 310.00			
Full Name, Mailing Address, and ZIP Code Mr. ALFRED MONROE*, Jr. 7909 BAYBERRY DRIVE  ALEXANDRIA VA 22306		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 135.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 525.00			
Full Name, Mailing Address, and ZIP Code Mr. GARY MONROE* 3105 A PREFERENCE DR.  LA PLATA MD 20646		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation IJATF COOR.		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 690.00			
Full Name, Mailing Address, and ZIP Code Mr. JAMES WILLIAM PIERCE* 7126 GRAYE MILL RD.  WARRNTON VA 22186		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code MR. H.G. SAYER* 208 TANGLEWOOD LANE  STAFFORD VA 22554		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation JOB CORPS. COOR.		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Mr. MICHAEL E. MONROE* 5717 NORTON RD.  ALEXANDRIA VA 22303		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VICE PRESIDENT		PAYROLL DEDUCTION \$20 PER WEEK	
		Aggregate Year-to-Date > \$ 1210.00			
SUBTOTALS of Receipts This Page (Optional) .....					
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	13 / 31
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (in Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code Mr. A.L. MONROE* 2757 SAINT ELLIOTT COURT  ALEXANDRIA VA 22305		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT		PAYROLL DEDUCTION \$20 PER MONTH	
		Aggregate Year-to-Date > \$ 1070.00			
Full Name, Mailing Address, and ZIP Code Mr. ANDREW B. LARSON* 905 CHIPPEWA STREET  JUPITER FL 33458		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 54.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$4 PER WEEK	
		Aggregate Year-to-Date > \$ 108.00			
Full Name, Mailing Address, and ZIP Code MR. WILLIAM MONROE* 7501 MILWAY DRIVE  ALEXANDRIA VA 22305		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation COMPTROLLER		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Mr. CLEARANCE E. MITCHELL* RT. 1 BOX 220-B  YAWKEY WV 25573		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 730.00			
Full Name, Mailing Address, and ZIP Code MR. ROBERT WELCH* P.O. BOX 4537  SILVER SPRING MD 20904		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXEC. ASS. TO GP		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 690.00			
Full Name, Mailing Address, and ZIP Code Mr. LONNIE ROY MOORE* P.O. BOX 102  CLUSTER WA 98240		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 590.00			
Full Name, Mailing Address, and ZIP Code Mr. H. GAY* 908 BEA LANE  JACKSONVILLE FL 32220		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 31
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MS. MARTHA FISHER* 1045 N. UTAH STREET APT. 803 ARLINGTON VA 22201		Name of Employer IBPAT		Date (month, day, year) 11/18/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation COMMUNICATIONS REP.		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 310.00			
Full Name, Mailing Address, and ZIP Code MR. RW MATSON 5553 N. WALLINGFORD SEATTLE WA 98103		Name of Employer IBPAT		Date (month, day, year) 11/18/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 560.00			
Full Name, Mailing Address, and ZIP Code MR. JM BAILEY 28331 191ST PL. SE KENT WA 98042		Name of Employer IBPAT		Date (month, day, year) 11/18/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$4 PER WEEK	
		Aggregate Year-to-Date > \$ 310.00			
Full Name, Mailing Address, and ZIP Code Mr. R.E. WARFIELD* 550 N. OXFORD INDIANAPOLIS IN 46221		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code Mr. H.J. HOOK* 1152 REID PLACE INDIANAPOLIS IN 46203		Name of Employer IBPAT		Date (month, day, year) 11/18/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code MR. WYMAN WEDDING* 1828 CHICKASAW DRIVE EVANSVILLE IN 47723		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 890.00			
Full Name, Mailing Address, and ZIP Code MR. ANDY WESTLEY 1429 E 8020 S SANDY UT 84092		Name of Employer IBPAT		Date (month, day, year) 11/18/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 350.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JAMES COUGHLIN* 8332 S. KENTON CHICAGO IL 60652	IBPAT	11/19/1998	90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL REPRESENTATIVE	PAYROLL DEDUCTION	\$10 PER WEEK
	Aggregate Year-to-Date > \$	730.00	
MR. JAMES DONALDSON* 10312 COMMONWEALTH FAIRFAX VA 22032	IBPAT	11/19/1998	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JOB CORPS COORDINATOR	PAYROLL DEDUCTION	\$10 PER WEEK
	Aggregate Year-to-Date > \$	350.00	
MR. J.T. ALBERICO* 741 KRISTEN LANE WILMINGTON IL 60481	IBPAT	11/19/1998	90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$10 PER WEEK
	Aggregate Year-to-Date > \$	350.00	
Mr. RICK L. ROOT* 628 RIVER RD. OTSEGO MI 49078	IBPAT	11/19/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL REPRESENTATIVE	PAYROLL DEDUCTION	\$10 PER WEEK
	Aggregate Year-to-Date > \$	680.00	
MR. WENDELL LEE MOSS 219 CHANDLER FLINT MI 48503	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$6 PER WEEK
	Aggregate Year-to-Date > \$	45.00	
Mr. N.A. TILL* P.O. BOX 151 GRAND JUNCTION MI 49058	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$	45.00	
Mr. M.L. SMITH* 1338 WESTERN ST. OSHKOSH FL 54911	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$	45.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	16 / 31
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MR. T.W. ADAMS* RT. 2 BOX 109  OZARK FL 74844		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code Mr. GUY LEBER* 14136 CONIFER DRIVE  ORLANDO FL 32812		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation JOB CORPS REP.		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 90.00			
Full Name, Mailing Address, and ZIP Code MR. M.R. LOVE* RT. 16 TIPTON STATION  KNOXVILLE TN 37926		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code Mr. S.D. MATLOCK* 5672 MAGHOLIA WOODS  BARTLETT TN 38134		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 90.00			
Full Name, Mailing Address, and ZIP Code MR. ARMANDO COLAFRANCESCHI* 12 MORGAN AVENUE 2ND FLOOR THORNHILL ZZ L3T1R-1		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VICE PRESIDENT		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code MR. TERRY KNOWLES* 1313 TARWATER RD.  KNOXVILLE TN 37920		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 108.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VICE PRESIDENT		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 920.00			
Full Name, Mailing Address, and ZIP Code MR. RAYBURNE PAYNE 5308 CANDLEWOOD DRIVE  NORTHPORT AL 35473		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 90.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>17 / 31</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code Mr. RAY COOK* 2100 GLEANDER  DICKINSON TX 77538	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	325.00	
Full Name, Mailing Address, and ZIP Code Mr. JOHN PERKINS* RT. 2 BOX 64  ANADCOO LA 71408	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	45.00	
Full Name, Mailing Address, and ZIP Code MR. ODIE CARTER 8832 224TH STREETSE  SNOHOMISH WA 98290	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 40.00
	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	560.00	
Full Name, Mailing Address, and ZIP Code MR. ROBERT COOK 5408 PALM DRIVE  DICKINSON TX 77539	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	400.00	
Full Name, Mailing Address, and ZIP Code MR. ARCHIE HEUGATTER* 3030 N. FREEWAY  HOUSTON TX 77009	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
	Occupation FIELD ORGANIZER	PAYROLL DEDUCTION	\$10 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	45.00	
Full Name, Mailing Address, and ZIP Code MR. JACK W. BUGHAMAN*, Jr. 1213 BRIARWOOD DRIVE  LEWISVILLE TX 75067	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 45.00
	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	45.00	
Full Name, Mailing Address, and ZIP Code MR. JAMES REID* 3711 DEERBROOK DRIVE  KINGWOOD TX 77339	Name of Employer IBPAT	Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 90.00
	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$10 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	900.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	18 / 31
				FOR LINE NUMBER	11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>INTERNATIONAL BROTHERHOOD OF PAINTERS &amp; ALLIED TRADES POLITICAL ACTION COMMITTEE</b>					
Full Name, Mailing Address, and ZIP Code MR M.G. HERBERT* 2003 IND. PARK RD.  NEDERLAND TX 77627	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 45.00 PAYROLL DEDUCTION \$5 PER WEEK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	Aggregate Year-to-Date > \$ 45.00			
Full Name, Mailing Address, and ZIP Code MR. RR BOESER 14153 NATALIE RD.  PRIDR LAKE MN 55380	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 52.00 PAYROLL DEDUCTION \$4 PER WEEK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	Aggregate Year-to-Date > \$ 380.00			
Full Name, Mailing Address, and ZIP Code MR. A.J. GIBNEY* 2500 N. NATHAN LANE #102  PLYMOUTH MN 55457	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 52.00 PAYROLL DEDUCTION \$4 PER WEEK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	Aggregate Year-to-Date > \$ 52.00			
Full Name, Mailing Address, and ZIP Code MR. LARRY H. LAUMEYER* 5249 JERSEY AVE., N.  MAPLES MN 55426	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 45.00 PAYROLL DEDUCTION \$5 PER WEEK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	Aggregate Year-to-Date > \$ 385.00			
Full Name, Mailing Address, and ZIP Code Mr. RAYMOND RAPP* 1805 SUNRAY AVE.  MANKATO MN 56001	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 90.00 PAYROLL DEDUCTION \$10 PER WEEK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 730.00			
Full Name, Mailing Address, and ZIP Code MR. MICHAEL D. GAVANDA 3810 CONROY TRL  INVER GROVE HEIGHTS MN 55076	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	Aggregate Year-to-Date > \$ 20.00			
Full Name, Mailing Address, and ZIP Code MR. CD OLSON* 8072 SWAN LAKE RD.  CULVER MN 55727	Name of Employer IBPAT	Date (month, day, year) 11/19/1988	Amount of Each Receipt this Period 65.00 PAYROLL DEDUCTION \$5 PER WEEK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	Aggregate Year-to-Date > \$ 65.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> MR. J.A. BLAKE*, III 1817 AVERY WAY  SIOUX CITY IA 51106	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 90.00 PAYROLL DEDUCTION \$10 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 350.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. R.D. WILLIAMS* 8858 S.E. VANDALIA DR.  RUNNELLS IA 50297	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 50.00 PAYROLL DEDUCTION \$10 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> GENERAL REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 690.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. E.J. ROME*, Jr. 2308 GLENN STREET  BETTENDORF IA 52722	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 52.00 PAYROLL DEDUCTION \$6 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 374.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. TIM LAMERE* 553 SOL LANE  GRAND JUNCTION CO 81504	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 45.00 PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. WILLIAM GUYER* 2225 E. 24TH STREET  DES MOINES IA 50317	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 45.00 PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 286.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. RON THOMAS* 533 SOUTH GLENWOOD  INDEPENDENCE MO 64058	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 45.00 PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 45.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. RONALD L. ARENS* 324 N. ELMWOOD  KANSAS CITY MN 54168	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 90.00 PAYROLL DEDUCTION \$10 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> GENERAL REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 730.00	

<b>SUBTOTALS of Receipts This Page (Optional)</b> .....	
<b>TOTALS This Period (last page this line number only)</b> .....	

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JAMES WOLFE* 9185 GENERAL GRANT LANE  ST. LOUIS MO 63123	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK	
Aggregate Year-to-Date > \$ 45.00			
Mr. WALTER LINS* 4224 4TH AVE. N.  GREAT FALLS MT 59401	IBPAT	11/19/1998	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL REPRESENTATIVE	PAYROLL DEDUCTION \$10 PER WEEK	
Aggregate Year-to-Date > \$ 730.00			
MR PAUL I. ALBAN* 18785 COOK STREET  OREGON CITY OR 97045	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK	
Aggregate Year-to-Date > \$ 45.00			
Mr. J.G. PORTER* 8902 E 62ND STREET  RAYTON MO 64133	IBPAT	11/19/1998	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL REPRESENTATIVE	PAYROLL DEDUCTION \$10 PER WEEK	
Aggregate Year-to-Date > \$ 730.00			
MS. BARBARA A. TYSON* P.O. BOX 2054  MOSES LAKE WA 98837	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$5 PER WEEK	
Aggregate Year-to-Date > \$ 45.00			
MR. A. CELDX* 14637 168TH AVENUE  WOODINVILLE WA 98082	IBPAT	11/19/1998	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$10 PER WEEK	
Aggregate Year-to-Date > \$ 350.00			
MR. T.M. WILBURN* 1791 S. 1300 EAST  SALT LAKE CITY UT 84105	IBPAT	11/19/1998	54.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$8 PER WEEK	
Aggregate Year-to-Date > \$ 108.00			

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. R.H. CARLSON* 5705 LOLENE WAY  BENNION UT 84118	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REP.	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$		45.00
MR. R.E. PETERSON* 3690 S. 4445 W. GRANGR  SALT LAKE CITY UT 84120	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REP.	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$		45.00
Mr. GARY DALE PACK 5597 CHINA CLAY DRIVE  KEARNS UT 84118	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$		45.00
MR. WILLIAM TIMMONS* 295 W. BASIC RD. W.  HENDERSON NV 89015	IBPAT	11/19/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	PAYROLL DEDUCTION	\$10 PER WEEK
	Aggregate Year-to-Date > \$		890.00
MR. R.W. HAAS* 907 PERIDOT CT.  CARSON CITY NV 89701	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REP.	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$		45.00
Mr. WILLIAM D. HOOPER* 1804 E. VIOLA  YAKIM WA 98901	IBPAT	11/19/1998	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REP.	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$		45.00
MR. R.J. EASTBURN* 1408 INDEX AVE., NE  RENTON WA 98068	IBPAT	11/19/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REP.	PAYROLL DEDUCTION	\$5 PER WEEK
	Aggregate Year-to-Date > \$		570.00

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	22 / 31
			FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> MR. JEFFERY A. KELLY 6324 SW WILTON CT.  SEATTLE WA 98118	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 580.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. RON OHLENKAMP 610 S 162ND STREET  BURIEN CA 98148	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 560.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. D.M. HARTNEY* 40551 S.E. LATIGO LANE  SANDY OR 97055	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 45.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 45.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. CV HORD 18820 BROADWAY  SNOHOMISH WA 98290	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 580.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. JAMES CASEBIER* 4911 89TH AVE. S.E.  OLYMPIA WA 98501	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 560.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. R.W. KREBS* 2115 S.W. 306TH ST.  FEDERAL WAY WA 98003	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 670.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. ROBERT BROWN PO BOX 213  WOODINVILLE WA 98072	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 580.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**NAME OF COMMITTEE (In Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> MR. MIKE BALL 21008-231 AVE. SE  MAPLE VALLEY WA 98038	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 560.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. BRIAN HENDRIX 3717 148TH SW H-101  LYNWOOD WA 98037	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 40.00  PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REPRESENTATIVE	<b>Aggregate Year-to-Date</b> > \$ 180.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. R.M. GONZALEZ* P.O. BOX 20441  PORTLAND OR 97220	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 45.00  PAYROLL DEDUCTION \$5 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 45.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. RICHARD FOLEY* 1425 GRANDVIEW AVE.  MARTINEZ CA 94553	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 24.00  PAYROLL DEDUCTION \$3 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 334.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. TOM CASTER* 4887 PASADENA AVE.  SACRAMENTO CA 95833	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 24.00  PAYROLL DEDUCTION \$3 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 310.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. F.A. INMAN* 2963 VISTA GRANDE  FAIRFIELD CA 94533	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 24.00  PAYROLL DEDUCTION \$3 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 334.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MR. CHRIS FERRIS* 3278 WOODMONT DR.  SAN JOSE CA 95118	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 24.00  PAYROLL DEDUCTION \$3 PER WEEK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	<b>Aggregate Year-to-Date</b> > \$ 334.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	24 / 31
					FOR LINE NUMBER 11A1
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) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MR. W.E. BENNETT* 1525 KEESLING AVE.  SAN JOSE CA 95125		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REP.		PAYROLL DEDUCTION \$3 PER WEEK	
		Aggregate Year-to-Date > \$ 328.00			
Full Name, Mailing Address, and ZIP Code MR. T.R. FOWLER* 1808 ORO VISTA RD.  SAN DIEGO CA 92154		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REP.		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code MR. DAVID R. OTTESEN 6911 112TH AVE. SE ROOM  NEW CASTLE WA 98056		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 660.00			
Full Name, Mailing Address, and ZIP Code MR. KR CHASE* 1438 ROOSEVELT AVE.  REDWOOD CITY CA 94081		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REP.		PAYROLL DEDUCTION \$10 PER MONTH	
		Aggregate Year-to-Date > \$ 390.00			
Full Name, Mailing Address, and ZIP Code MR. MARK VAN ZEVERN 461 SILVERDELL WAY  HAYWARD CA 94544		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REPRESENTATIVE		PAYROLL DEDUCTION \$3 PER WEEK	
		Aggregate Year-to-Date > \$ 334.00			
Full Name, Mailing Address, and ZIP Code MR. S.A. DEUEL* 4512 S.E. CHASE RD  GRESHAM WA 97030		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESS REP.		PAYROLL DEDUCTION \$5 PER WEEK	
		Aggregate Year-to-Date > \$ 560.00			
Full Name, Mailing Address, and ZIP Code Mr. JEFF VAUGH* 8555 HOMESTEAD RD., W.  LAS VEGAS NV 89131		Name of Employer IBPAT		Date (month, day, year) 11/19/1998	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GENERAL ORGANIZER		PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 1130.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. KENNETH RIGMAIDEN* 3220 FLINTDALE DR.  SAN JOSE CA 95148	IBPAT	11/19/1998	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXEC. ASST. TO GP	PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 730.00	
MR. JA PAPA 18011 MORO RD  PRUNEDALE CA 93907	IBPAT	11/19/1998	24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$3 PER WEEK	
		Aggregate Year-to-Date > \$ 334.00	
MR. GARY MARTIN 508 QUARTZ STREET  REDWOOD CA 94082	IBPAT	11/19/1998	24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$24 PER WEEK	
		Aggregate Year-to-Date > \$ 334.00	
MR. PHILLIP HERNANDEZ* 424 BANNER AVE.  VENTURA CA 93004	IBPAT	11/19/1998	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL REPRESENTATIVE	PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 730.00	
MR. WILLIAM MEEHAN* 10838 CHARDONAY DR.  RANCHO CORDOVA CA 96870	IBPAT	11/19/1998	90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	PAYROLL DEDUCTION \$10 PER WEEK	
		Aggregate Year-to-Date > \$ 730.00	
MR. DANIEL BIESTERVELD 1482 HAMILTON WAY  SAN JOSE CA 95125	IBPAT	11/19/1998	24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$3 PER WEEK	
		Aggregate Year-to-Date > \$ 334.00	
MR. W CUMMINGS 34464 RAINDEER CT.  FREMONT CA 94567	IBPAT	11/19/1998	24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$3 PER WEEK	
		Aggregate Year-to-Date > \$ 334.00	

<b>SUBTOTALS of Receipts This Page (Optional)</b> .....	
<b>TOTALS This Period (last page this line number only)</b> .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> MR. A.M. LUJAN* 6864 CEDRAL PLACE LEMON GROOVE CA 92046	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	PAYROLL DEDUCTION \$5 PER WEEK	
<b>Aggregate Year-to-Date</b> > \$ 45.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. R.J. GILLIS* 14717 NELSON WAY SAN JOSE CA 95124	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> GENERAL REPRESENTATIVE	PAYROLL DEDUCTION \$10 PER WEEK	
<b>Aggregate Year-to-Date</b> > \$ 730.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR EV KENNESSEY 1548 WOODLAND PITTSBURG PA 94565	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REPRESENTATIVE	PAYROLL DEDUCTION \$3 PER WEEK	
<b>Aggregate Year-to-Date</b> > \$ 334.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MR. ART CASTILLO* 3642 WARNER DRIVE SAN JOSE CA 95127	<b>Name of Employer</b> IBPAT	<b>Date (month, day, year)</b> 11/19/1998	<b>Amount of Each Receipt this Period</b> 24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> BUSINESS REP.	PAYROLL DEDUCTION \$3 PER WEEK	
<b>Aggregate Year-to-Date</b> > \$ 334.00			

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

12742.66

**SCHEDULE A****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page**27 / 31**FOR LINE NUMBER  
16

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**NAME OF COMMITTEE (in Full)****INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE****Full Name, Mailing Address, and ZIP Code**MR. BRIAN BAIRD  
P.O. BOX 1088

OLYMPIA WA

**Name of Employer****Date (month,  
day, year)**

11/02/1988

**Amount of Each  
Receipt this Period**  
1000.00**Occupation**Receipt For:  Primary  General Other (specify):**Aggregate Year-to-Date** \$ 1000.00**SUBTOTALS** of Receipts This Page (Optional) .....**TOTALS** This Period (last page this line number only) .....**1000.00**

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	28 / 31
					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) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code MR. BRIAN BAIRD P.O. BOX 1098  OLYMPIA WA		Purpose of Disbursement (House - WA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/15/1998	Amount of Each Disbursement This Period 3000.00
Full Name, Mailing Address, and ZIP Code MR. JACK METCALF 283D WETMORE AVE. #501  EVERETTE WA 98201		Purpose of Disbursement (House - WA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/15/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code MR. JAY INSLEE 578 AZALEA, NE  BAINBRIDGE ISLAND WA 98110		Purpose of Disbursement (House - - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/15/1998	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code MR. JOHN BALDACCI PO BOX 823  BANGOR ME 04402		Purpose of Disbursement (House - ME - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/15/1998	Amount of Each Disbursement This Period 4709.90
Full Name, Mailing Address, and ZIP Code MR. MARTIN FROST PO BOX 1108  WASHINGTON PA 15301		Purpose of Disbursement (House - PA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/15/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code MR. THOMAS ALLEN PO BOX 17766  PORTLAND ME 04112		Purpose of Disbursement (House - ME - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/15/1998	Amount of Each Disbursement This Period 4709.91
Full Name, Mailing Address, and ZIP Code MR. DAVID E. BONIOR 237 SOUTH GRATIOT  MT. CLEMONS MI 48043		Purpose of Disbursement (House - MI - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Mr. RON KLINK P.O. BOX 474  JEANETT PA 15644		Purpose of Disbursement (House - PA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code MR. GEORGE HASEY 63 WEST UNION STREET  SHICKSHINNY PA 18655		Purpose of Disbursement (House - PA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period 2500.00
SUBTOTALS of Disbursements This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	29 / 31
					FOR LINE NUMBER 28
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NAME OF COMMITTEE (in Full) INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code Ms FRANK MASCARA 3610 36TH STREET, NW  WASHINGTON DC 20008		Purpose of Disbursement (House - PA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code MR. PATRICK CASEY PO BOX 1494  SCRANTON PA 18504		Purpose of Disbursement (House - PA - ) DEBT RETIREMENT  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period 3000.00
Full Name, Mailing Address, and ZIP Code MR. STEVE OWENS PO BOX 5815  SCOTTSDALE AZ 85261		Purpose of Disbursement (House - AZ - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code MR. BRIAN BAIRD P.O. BOX 1098  OLYMPIA WA		Purpose of Disbursement (House - WA - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/22/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code COLORADO DEMOCRATIC PARTY 770 GRANT STREET, RM 200  DENVER CO 80218		Purpose of Disbursement  CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/22/1998	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code MR. CHARLES SCHUMER 333 WEST 52ND STREET 6TH FLOOR NEW YORK NY 10019		Purpose of Disbursement (House - NY - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/22/1998	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code JAMES MALONEY 1325 EAST MAINE STREET SUITE 12 WATERBURY CT 06108		Purpose of Disbursement (House - - ) contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/26/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code MR. PATRICK KENNEDY PO BOX 1356  PROVIDENCE RI 02901		Purpose of Disbursement (House - RI - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/26/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code MR. JOHN LARSON 131 HARTLAND STREET  EAST HARTFORD CT 06108		Purpose of Disbursement (House - CT - ) CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/26/1998	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	30 / 31
			FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**  
**INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - CT - ) CONTRIBUTION	Date (month, day, year)	Amount of Each Disbursement This Period
MR. JOSH GEBALLE PO BOX 282  BRANFORD CT 05405	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/29/1998	250.00
MS. CHARLOTTE KOSKOFF PO BOX 7094  PLAINVILLE CT 06060-2	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/29/1998	1000.00
MR BOB BRADY P.O. BOX 22471  PHILADELPHIA PA 19110	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	11/02/1998	5000.00

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<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>49659.81</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
29

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**NAME OF COMMITTEE (in Full)  
INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MR. GEORGE KENNEY 13420 PRIESTLEY STREET PHILADELPHIA PA 19118	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/15/1998	500.00
MR. JOSE VILANUEVA 28685 LAUGHLIN WESTLAKE OH 44145	CONTRIBUTION (- OH -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/19/1998	250.00
MR. BRYAN FLANNERY 2087 ARTHUR AVENUE LAKEWOOD OH 44107	CONTRIBUTION (- OH -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/19/1998	250.00
MR ED JERSE 19670 EDGECLIFFE DRIVE EUCLID OH 44119	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/19/1998	100.00
MR. PATRICK CORRIGAN 37 W. BROAD STREET, #430 COLUMBUS OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/19/1998	250.00
MS. JOYCE KIMBLER 206 MACKINAW AVENUE AKRON OH 44333	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/19/1998	250.00
OHIO DEMOCRATIC PARTY 271 EAST STATE STREET COLUMBUS OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/19/1998	3000.00
BRANFORD DEMOCRATIC TOWN COMMITTEE 130 ALPS ROAD BRANFORD CT 06405	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/22/1998	250.00
MR. PETER PANARONI 130 ALPS RD. BRANFORD CT 06405	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/22/1998	250.00
<b>SUBTOTALS of Disbursements This Page (Optional)</b> .....			
<b>TOTALS This Period (last page this line number only)</b> .....			<b>5100.00</b>

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/3/98
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Electronic Filing	
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