

**Political Organization  
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

**A** For the period beginning **January 01**, 20 **13** and ending **June 30**, 20 **13**

**B** Check applicable boxes  Initial report  Change of address  Amended report  Final report

**1** Name of organization **Political Action Committee, Local Union 915** **Employer identification number**  
**91 2066636**

**2** Mailing address (P O Box or number, street, and room or suite number)  
**5621 Harney Road**  
 City or town, state, and ZIP code  
**Tampa, Florida 33610**

**3** E-mail address of organization **ibewlu915@mindspring.com** **4** Date organization was formed  
**12/01/1980**

**5a** Name of custodian of records **William L. Dever, Jr., Dep/Sec/Treas.** **5b** Custodian's address  
**5621 Harney Road**  
**Tampa, Florida 33610**

**6a** Name of contact person **same as above** **6b** Contact person's address  
**same as above**  
**same as above**

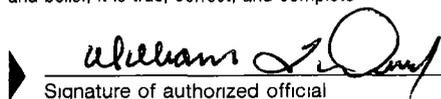
**7** Business address of organization (if different from mailing address shown above) Number, street, and room or suite number  
**same as above**  
 City or town, state, and ZIP code  
**same as above**

- 8** Type of report (check only one box)
- a** First quarterly report (due by April 15)
  - b** Second quarterly report (due by July 15)
  - c** Third quarterly report (due by October 15)
  - d** Year-end report (due by January 31)
  - e** Mid-year report (Non-election year only-due by July 31)
  - f** Monthly report for the month of \_\_\_\_\_ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
  - g** Pre-election report (due by the 12th or 15th day before the election)
    - (1) Type of election \_\_\_\_\_
    - (2) Date of election \_\_\_\_\_
    - (3) For the state of \_\_\_\_\_
  - h** Post-general election report (due by the 30th day after general election)
    - (1) Date of election \_\_\_\_\_
    - (2) For the state of \_\_\_\_\_

<b>9</b> Total amount of reported contributions (total from all attached Schedules A).	<b>9</b>	<b>27,007.15</b>
<b>10</b> Total amount of reported expenditures (total from all attached Schedules B).	<b>10</b>	<b>4250.00</b>

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

**Sign Here**

  
 Signature of authorized official

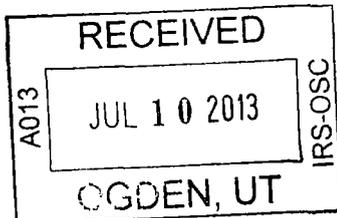
**7/1/2013**  
 Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

SCANNED JUN 30 2013



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<b>Schedule A Itemized Contributions</b>		Schedule A page 1 of 1
Name of organization <b>Political Action Committee, Local Union 915</b>		Employer identification number <b>91 2066636</b>
Contributor's name, mailing address and ZIP code <b>No contributor in excess of 104.00 - See attached Schedule A Supplement</b>	Name of contributor's employer <b>various</b>	Amount of contribution
	Contributor's occupation <b>electricians</b>	<b>\$ 26,757.15</b>
	Aggregate contributions year-to-date . . . ▶ \$ <b>26,757.15</b>	Date of contribution <b>01/01/2013-06/30/2013</b>
Contributor's name, mailing address and ZIP code <b>John Torracco Campaign Fund P.O. Box 5833 Sarasota, FL 34277</b>	Name of contributor's employer <b>Voided Ck 3/29/13 written 7/20/12 #1643 never cashed</b>	Amount of contribution
	Contributor's occupation <b>State Attn, 12th Judicial (Desoto/Manatee/Sarasota)</b>	<b>\$ 250.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
<b>Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 . . . . .</b>		<b>\$ 27,007.15</b>

**Schedule B Itemized Expenditures** Schedule B page 1 of 2

Name of organization: **Political Action Committee, Local Union 915** Employer identification number: **91-2066636**

Recipient's name, mailing address and ZIP code <b>Florida AFL-CIO CAT</b> <b>135 S Monroe Street</b> <b>Tallahassee, FL 32301</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>500.00</b> Date of expenditure <b>04/08/2013</b>
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Purpose of expenditure  
**Contribution**

Recipient's name, mailing address and ZIP code <b>Rick Krisman Campaign Fund</b> <b>PO Box 48806</b> <b>ST Petersburg, FL 33743</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>500.00</b> Date of expenditure <b>05/02/2013</b>
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Purpose of expenditure  
**Contribution -Mayor St Petersburg**

Recipient's name, mailing address and ZIP code <b>Hillsborough County Democratic Party</b> <b>PO Box 272488</b> <b>Tampa, FL 33618</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>1250.00</b> Date of expenditure <b>05/02/2013</b>
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Purpose of expenditure  
**Contribution**

Recipient's name, mailing address and ZIP code <b>Florida Democratic Party</b> <b>214 S Bronough Street</b> <b>Tallahassee, FL 32301</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>500.00</b> Date of expenditure <b>05/30/2013</b>
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Purpose of expenditure  
**Contribution**

Recipient's name, mailing address and ZIP code <b>WCFFL Cope CCE Account</b> <b>PO Box 76108</b> <b>Tampa, FL 33675</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>1,000.00</b> Date of expenditure <b>06/13/2013</b>
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Purpose of expenditure  
**Contribution**

Recipient's name, mailing address and ZIP code <b>Darden Rice Campaign Fund</b> <b>PO Box 813</b> <b>St. Petersburg, FL 33731</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>500.00</b> Date of expenditure <b>06/13/2013</b>
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Purpose of expenditure  
**Contribution City Council District 4**

<b>Subtotal</b> of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872	<b>\$ 4,250.00</b>
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