

Political Organization Report of Contributions and Expenditures

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning October 1, 2001 and ending December 31, 2001

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

1 Name of organization Bricklayers Local 1 MD, VA & DC Political Action Committee **Employer identification number** 01-0647214

2 Mailing address (P.O. Box or number, street, and room or suite number)
5879 Allentown Road
City or town, state, and ZIP code
Camp Springs, Maryland 20746

3 E-mail address of organization baclmvd@erols.com **4** Date organization was formed 07/1998

5a Name of custodian of records Gary Menna **5b** Custodian's address
5879 Allentown Road
Camp Springs, Maryland 20746

6a Name of contact person Gary Menna **6b** Contact person's address
5879 Allentown Road
Camp Springs, Maryland 20746

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

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: _____

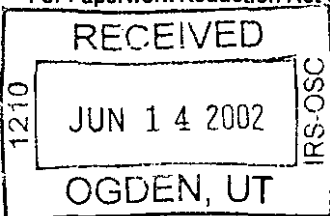
h Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	<u>0</u>
10 Total amount of reported expenditures (total from all attached Schedules B)	10	<u>8,000.00</u>

Sign Here 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.

Signature of authorized official: Gary P. Menna Date: 7/11/02

For Paperwork Reduction Act Notice, see separate instructions.



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SCANNED JUL 17 '02

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization BAC LI PAC		Employer identification number 01-0647214
Recipient's name, mailing address and ZIP code Friends of Senator Stone Fundrasier	Name of recipient's employer State of Maryland	Amount of each expenditure reported for this period \$ 1,000.00
	Recipient's occupation State Senator	
Recipient's name, mailing address and ZIP code Marylanders For Miller Fundrasier	Name of recipient's employer NA	Amount of each expenditure reported for this period \$ 1,000.00
	Recipient's occupation NA	
Recipient's name, mailing address and ZIP code Virginia State AFL-CIO	Name of recipient's employer NA	Amount of each expenditure reported for this period \$ 6,000.00
	Recipient's occupation NA	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 8,000.00