

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 32-32 48TH AVENUE
 Check if different than previously reported. (ACC)
LONG ISLAND CITY NY 11101

2. **FEC IDENTIFICATION NUMBER** C00386821
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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 P ELDER

Signature of Treasurer Electronically Filed by JAMES P ELDER Date 07 24 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		492943.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	492943.41									
(c) Total Receipts (from Line 19)	159092.43	159092.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	652035.84	652035.84								
7. Total Disbursements (from Line 31)	124772.79	124772.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	527263.05	527263.05								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	159092.43	159092.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)	159092.43	159092.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159092.43	159092.43
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	159092.43	159092.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	159092.43	159092.43

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	25149.68	25149.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25149.68	25149.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	99123.11	99123.11
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	124772.79	124772.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	124772.79	124772.79

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	159092.43	159092.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159092.43	159092.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25149.68	25149.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25149.68	25149.68

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6417 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 86.41
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMURSEMENT SEE MEMO	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6422 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 119.25
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6432 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 133.11
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	338.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 158.11
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6434 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 58.50
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6435 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 102.93
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	319.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6436 Date of Disbursement 03 / 27 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 170.66
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.6436.0 Date of Disbursement 02 / 16 / 2007
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 84.80
City ALBANY State NY Zip Code 12250	Purpose of Disbursement TELEPHONE EXPENSE	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6437 Date of Disbursement 04 / 02 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 119.45
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	290.11
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GARYS EXXON		Transaction ID: SB21B.6437.3 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7
Mailing Address 5566 EXPRESS DR		Amount of Each Disbursement this Period 16.75
City HOLTSVILLE State NY Zip Code 11742	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 002		

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6438 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 131.43
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type:		

Full Name (Last, First, Middle Initial) C. CINGULAR		Transaction ID: SB21B.6438.4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO BOX 537113		Amount of Each Disbursement this Period 48.93
City ATLANTA State GA Zip Code 30353-7113	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	131.43
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6439 Date of Disbursement 04 / 12 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 140.05
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement TELEPHONE EXPENSE Candidate Name		

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.6439.0 Date of Disbursement 03 / 25 / 2007
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 84.80
City ALBANY State NY Zip Code 12250	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO Candidate Name		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6440 Date of Disbursement 04 / 13 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 119.02
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	259.07
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6441 Date of Disbursement 04 / 19 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 118.98
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6442 Date of Disbursement 04 / 25 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 101.23
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.6442.0 Date of Disbursement 04 / 25 / 2007
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 12.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	
Candidate Name		Category/Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	220.21
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.6442.1 Date of Disbursement 04 / 19 / 2007	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. CINGULAR		Transaction ID: SB21B.6442.4 Date of Disbursement 04 / 26 / 2007	
Mailing Address PO BOX 537113		Amount of Each Disbursement this Period 49.23	
City ATLANTA State GA Zip Code 30353-7113	Purpose of Disbursement TELEPHONE EXPENSE	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6443 Date of Disbursement 04 / 30 / 2007	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 119.84	
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

119.84

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.6443.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.6443.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 84.84	
City ALBANY State NY Zip Code 12250	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6444 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 106.00	
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	106.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.6444.0 Date of Disbursement 04 / 27 / 2007	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.6444.2 Date of Disbursement 04 / 29 / 2007	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.50	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.6444.4 Date of Disbursement 05 / 02 / 2007	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6445	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Date of Disbursement 05 / 17 / 2007	
City ROCKY POINT	State NY	Zip Code 11778	Amount of Each Disbursement this Period 94.20
Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.6445.1	
Mailing Address 1801 N OCEAN AVE		Date of Disbursement 05 / 17 / 2007	
City FARMINGVILLE	State NY	Zip Code 11738	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement GASOLINE		Category/ Type 002	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.6445.4	
Mailing Address 1801 N OCEAN AVE		Date of Disbursement 05 / 04 / 2007	
City FARMINGVILLE	State NY	Zip Code 11738	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement GASOLINE		Category/ Type 002	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	94.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.6445.5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6446 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 122.50	
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.6446.5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	122.50
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CINGULAR		Transaction ID: SB21B.6446.6 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address PO BOX 537113		Amount of Each Disbursement this Period 49.06
City ATLANTA State GA Zip Code 30353-7113	[MEMO ITEM]	
Purpose of Disbursement TELEPHONE EXPENSE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6447 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 114.97
City ROCKY POINT State NY Zip Code 11778	[MEMO ITEM]	
Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. GARYS EXXON		Transaction ID: SB21B.6447.3 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 5566 EXPRESS DR		Amount of Each Disbursement this Period 20.15
City HOLTSVILLE State NY Zip Code 11742	[MEMO ITEM]	
Purpose of Disbursement GASOLINE Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	114.97
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.6448 Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 114.78
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.6448.3 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2007
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 85.78
City ALBANY State NY Zip Code 12250	Purpose of Disbursement TELEPHONE EXPENSE	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6449 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 122.50
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	237.28
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

<p>A. HESS</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1801 N OCEAN AVE</p> <p>City FARMINGVILLE State NY Zip Code 11738</p> <p>Purpose of Disbursement GASOLINE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.6449.1</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>B. JOHN GALLAGHER</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 75 ROCKY POINT YAPHANK ROAD</p> <p>City ROCKY POINT State NY Zip Code 11778</p> <p>Purpose of Disbursement EXPENSE REIMBURSEMENTS SEE MEMO</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.6450</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.65"/></p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value=""/></p>

<p>C. MTA BRIDGE AND TUNNEL</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City NEW YORK State NY Zip Code</p> <p>Purpose of Disbursement BRIDGE TOLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.6450.3</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.50"/></p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="142.65"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MTA BRIDGE AND TUNNEL		Transaction ID: SB21B.6450.6 Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
Mailing Address		Amount of Each Disbursement this Period 4.50
City NEW YORK	State NY	
Purpose of Disbursement BRIDGE TOLL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.6450.8 Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.05
City FARMINGVILLE	State NY	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.6450.9 Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE	State NY	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 002	

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MTA BRIDGE AND TUNNEL		Transaction ID: SB21B.6450.10 Date of Disbursement 06 / 06 / 2007
Mailing Address		Amount of Each Disbursement this Period 4.50
City NEW YORK	State NY	
Purpose of Disbursement BRIDGE TOLL	Category/ Type 002	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6451 Date of Disbursement 06 / 11 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 149.89
City ROCKY POINT	State NY	
Purpose of Disbursement EXPENSE REIMBURSEMENT SEE MEMO	Category/ Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MTA BRIDGE AND TUNNEL		Transaction ID: SB21B.6451.1 Date of Disbursement 06 / 05 / 2007
Mailing Address		Amount of Each Disbursement this Period 4.50
City NEW YORK	State NY	
Purpose of Disbursement BRIDGE TOLL	Category/ Type 002	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	149.89
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MTA BRIDGE AND TUNNEL		Transaction ID: SB21B.6451.2 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address		Amount of Each Disbursement this Period 4.50
City	State	
NEW YORK	NY	[MEMO ITEM]
Purpose of Disbursement	Category/Type	
BRIDGE TOLL	002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.6452 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 128.00
City	State	
ROCKY POINT	NY	[MEMO ITEM]
Purpose of Disbursement	Category/Type	
EXPENSE REIMBURSEMENT SEE MEMO		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6453 Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 103.10
City	State	
ROCKY POINT	NY	[MEMO ITEM]
Purpose of Disbursement	Category/Type	
EXPENSE REIMBURSEMENT SEE MEMO		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

231.10

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.6453.0 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.6453.1 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2007
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.10
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.6453.2 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2007
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HESS

Mailing Address 1801 N OCEAN AVE

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement GASOLINE

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6453.3

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MULLIGAN & GROTE CPA PC

Mailing Address 131 TULIP AVE

City FLORAL PARK State NY Zip Code 11001

Purpose of Disbursement ACCOUNTING SERVICES

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6454

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

22000.00

SUBTOTAL of Disbursements This Page (optional)

22000.00

TOTAL This Period (last page this line number only)

24877.56

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CROWLEY FOR CONGRESS

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6397

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ACKERMAN FOR CONGRESS		Transaction ID: SB29.6457 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO BOX 95		Amount of Each Disbursement this Period 1000.00
City FRESH MEADOWS State NY Zip Code 11365	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ACKERMAN FOR CONGRESS		Transaction ID: SB29.6458 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address PO BOX 95		Amount of Each Disbursement this Period 4000.00
City FRESH MEADOWS State NY Zip Code 11365	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Transaction ID: SB29.6459 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO BOX 2855		Amount of Each Disbursement this Period 541.88
City NEW YORK State NY Zip Code 10116-2855	001 Category/ Type	
Purpose of Disbursement AWARD TOM SPODA DA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5541.88
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BRONX CONSERVATIVE PARTY		Transaction ID: SB29.6461 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 943 MORRIS PARK AVE		Amount of Each Disbursement this Period 350.00
City BRONX State NY Zip Code 10462	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BRONX CONSERVATIVE PARTY		Transaction ID: SB29.6462 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 943 MORRIS PARK AVE		Amount of Each Disbursement this Period 1600.00
City BRONX State NY Zip Code 10462	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BRONX DEMO COUNY COMM		Transaction ID: SB29.6463 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 135 WESTCHESTER SQ		Amount of Each Disbursement this Period 2000.00
City BRONX State NY Zip Code 10461	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3950.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BROOKHAVEN TOWN DEMOCRATIC COMM		Transaction ID: SB29.6464 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO BOX 648		Amount of Each Disbursement this Period 600.00
City MORCHES State NY Zip Code 11955	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BUILDING AND CONSTRUCTION TRADE COUNCIL		Transaction ID: SB29.6466 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 71 WEST 23RD STREET		Amount of Each Disbursement this Period 1675.00
City NEW YORK State NY Zip Code 10011	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BUILDING AND CONSTRUCTION TRADE COUNCIL		Transaction ID: SB29.6467 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 71 WEST 23RD STREET		Amount of Each Disbursement this Period 1675.00
City NEW YORK State NY Zip Code 10011	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3950.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CARRION 2007		Transaction ID: SB29.6471 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 895 BROADWAY 5TH FLOOR		Amount of Each Disbursement this Period 400.00
City NEW YORK State NY Zip Code 10003	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. CARRION NYC		Transaction ID: SB29.6472 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 5724 FARADAY AVE		Amount of Each Disbursement this Period 2000.00
City BRONX State NY Zip Code 10471	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. CITIZENS FOR BRIAN FOLEY		Transaction ID: SB29.6473 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address PO BOX 215		Amount of Each Disbursement this Period 500.00
City EAST SETAUKET State NY Zip Code 11733	Purpose of Disbursement POLITICAL CONTRIBUTIONS Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2900.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CITIZENS FOR ROMAIN		Transaction ID: SB29.6474 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address PO BOX 84		Amount of Each Disbursement this Period 80.00
City MASTIC State NY Zip Code 11950	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COMMITTEE FOR A DEMOCRATIC LEGISLATURE		Transaction ID: SB29.6478 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO BOX 885		Amount of Each Disbursement this Period 1500.00
City HOLBROOK State NY Zip Code 11741	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COMMITTEE FOR A SUFFOLK MAJORITY		Transaction ID: SB29.6480 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address PO BOX 5892		Amount of Each Disbursement this Period 400.00
City HAUPPAUGE State NY Zip Code 11788	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1980.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. COMM TO ELECT MICHAEL J RYAN		Transaction ID: SB29.6476
Mailing Address 1675 RICHMOND RD		Date of Disbursement MM / DD / YYYY 05 / 18 / 2007
City STATEN ISLAND	State NY	Zip Code 10302
Purpose of Disbursement POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 750.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CUSICK FOR ASSEMBLY		Transaction ID: SB29.6482
Mailing Address 94 BENEDICT AVE		Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
City STATEN ISLAND	State NY	Zip Code 10304
Purpose of Disbursement POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 600.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DAVID WEPAIN 2009		Transaction ID: SB29.6483
Mailing Address 420 LEXINGTON AVE		Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
City NEW YORK	State NY	Zip Code 10170
Purpose of Disbursement POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

2350.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEMOCRATIC ORG OF QUEENS		Transaction ID: SB29.6484 Date of Disbursement
Mailing Address 72-50 AUSTIN ST		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City FOREST HILLS	State NY	Zip Code 11375
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. DEMOCRATIC ORG OF QUEENS		Transaction ID: SB29.6485 Date of Disbursement
Mailing Address 72-50 AUSTIN ST		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City FOREST HILLS	State NY	Zip Code 11375
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1200.00"/>

Full Name (Last, First, Middle Initial) C. DEMOCRATIC ORG OF THE COUNTY OF RICHMOND		Transaction ID: SB29.6583 Date of Disbursement
Mailing Address 24 CAMBRIA STREET		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City STATEN ISLAND	State NY	Zip Code 10305
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="340.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2540.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC ORG OF THE COUNTY OF RICHMOND

Mailing Address 24 CAMBRIA STREET

City State Zip Code
STATEN ISLAND NY 10305

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6584

Date of Disbursement

/

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ELIZABETH CROWLEY FOR CITY COUNCIL

Mailing Address 420 LEXINGTON AVE

City State Zip Code
NEW YORK NY 10170

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6486

Date of Disbursement

/

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR THE ELECTION OF DEAN SKELOS

Mailing Address 31 ROXEN ROAD

City State Zip Code
ROCKVILLE CENTE NY 11570

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6488

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF ALEX GROMACK		Transaction ID: SB29.6490 Date of Disbursement
Mailing Address 23 REGINALD DRIVE		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City CONGERS	State NY	Zip Code 10920
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="400.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF ALEX GROMACK		Transaction ID: SB29.6491 Date of Disbursement
Mailing Address 23 REGINALD DRIVE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City CONGERS	State NY	Zip Code 10920
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1400.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF BILL DEBLAZIO		Transaction ID: SB29.6492 Date of Disbursement
Mailing Address 320 7TH AVE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City BROOKLYN	State NY	Zip Code 11215
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF CONNIE KEPERT		Transaction ID: SB29.6494	
Mailing Address PO BOX 504		Date of Disbursement 02 / 09 / 2007	
City MIDDLE ISLAND	State NY	Zip Code 11953	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement POLITICAL CONTRIBUTION		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	2008 <input checked="" type="checkbox"/> General	
State:	District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF CONNIE KEPERT		Transaction ID: SB29.6496	
Mailing Address PO BOX 504		Date of Disbursement 05 / 23 / 2007	
City MIDDLE ISLAND	State NY	Zip Code 11953	Amount of Each Disbursement this Period 375.00
Purpose of Disbursement POLITICAL CONTRIBUTION		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	2008 <input checked="" type="checkbox"/> General	
State:	District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF DAVID DENENBERG		Transaction ID: SB29.6497	
Mailing Address 2818 MERRICK RD		Date of Disbursement 01 / 24 / 2007	
City BELLMORE	State NY	Zip Code 10710	Amount of Each Disbursement this Period 1250.00
Purpose of Disbursement POLITICAL CONTRIBUTION		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	2008 <input checked="" type="checkbox"/> General	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF DENISE FORD		Transaction ID: SB29.6498 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 61 VIRGINIA AVE		Amount of Each Disbursement this Period 300.00
City LONG BEACH State NY Zip Code 11561	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. FRIENDS OF ED HENNESSEY		Transaction ID: SB29.6500 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO BOX 461		Amount of Each Disbursement this Period 200.00
City MASTIC BEACH State NY Zip Code 11951	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. FRIENDS OF ED ROMAIN		Transaction ID: SB29.6502 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 235 SWEEZY AVENUE		Amount of Each Disbursement this Period 250.00
City RIVERHEAD State NY Zip Code 11901	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF ED ROMAIN		Transaction ID: SB29.6503 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 235 SWEEZY AVENUE		Amount of Each Disbursement this Period 100.00
City RIVERHEAD State NY Zip Code 11901	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK PATRONI		Transaction ID: SB29.6504 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address PO BOX 1642		Amount of Each Disbursement this Period 600.00
City HUNTINGTON STA State NY Zip Code 11746	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JERRY NADLER		Transaction ID: SB29.6505 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 32 UNION SQUARE EAST		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10003	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF KATE BROWNING		Transaction ID: SB29.6507
Mailing Address PO BOX 293		Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
City SHIRLEY	State NY	Zip Code 11967
Purpose of Disbursement POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 400.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF KATE BROWNING		Transaction ID: SB29.6509
Mailing Address PO BOX 293		Date of Disbursement MM / DD / YYYY 06 / 07 / 2007
City SHIRLEY	State NY	Zip Code 11967
Purpose of Disbursement POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 200.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF KEVIN PARKER		Transaction ID: SB29.6510
Mailing Address PO BOX 02-1810		Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
City BROOKLYN	State NY	Zip Code 11202
Purpose of Disbursement POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 200.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF LYNDA C. NOWICKI

Mailing Address PO BOX 481

City ST. JAMES State NY Zip Code 11780

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6511

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

600.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF LYNDA C. NOWICKI

Mailing Address PO BOX 481

City ST. JAMES State NY Zip Code 11780

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6512

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

400.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARTY GOLDEN

Mailing Address 9306 4TH AVE

City BROOKLYN State NY Zip Code 11209

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6513

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

900.00

SUBTOTAL of Disbursements This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. FRIENDS OF MATTHEW BJELOBRK</p>		<p>Transaction ID: SB29.6514 Date of Disbursement</p>	
<p>Mailing Address PO BOX 821</p>		<p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City RIVERHEAD</p>	<p>State NY</p>	<p>Zip Code 11901</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement POLITICAL CONTRIBUTION</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="400.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>Full Name (Last, First, Middle Initial) B. FRIENDS OF PETER SCHMIDT</p>		<p>Transaction ID: SB29.6516 Date of Disbursement</p>	
<p>Mailing Address PO BOX 1398</p>		<p><input type="text" value="04"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City NORTH MASSAPEQUA</p>	<p>State NY</p>	<p>Zip Code 11758</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement POLITICAL CONTRIBUTION</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="300.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>Full Name (Last, First, Middle Initial) C. FRIENDS OF PHIL NOLAN</p>		<p>Transaction ID: SB29.6517 Date of Disbursement</p>	
<p>Mailing Address 14 HENRY PLACE</p>		<p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City ISLIP</p>	<p>State NY</p>	<p>Zip Code 11751</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement POLITICAL CONTRIBUTION</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="500.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1200.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SENATOR SERF MALTESE

Mailing Address PO BOX 38

City MIDDLE VILLAGE State NY Zip Code 11379

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6518

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF STEVE LEVY

Mailing Address PO BOX 980

City BAYPORT State NY Zip Code 11705

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6519

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF TOM BARRAGA

Mailing Address 18 HIGHLAND AVE

City ISLIP State NY Zip Code 11795

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6520

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

175.00

SUBTOTAL of Disbursements This Page (optional) ►

2875.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF VINCENT DEMARCO

Mailing Address PO BOX 151

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
GALLAGHER NEW YORK

Mailing Address PO BOX 790187

City MIDDLE VILLAGE State NY Zip Code 11379

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
GILLIBRAND FOR CONGRESS

Mailing Address PO BOX 15734

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NY District: 11

Transaction ID: SB29.6783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GIOCA FOR NEW YORK

Mailing Address 52-18 ROOSEVELT AVENUE

City State Zip Code
WOODSIDE NY 11377

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.6525

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. HIGH-WAY DEMOCRATIC CLUB

Mailing Address 2035 EAST 9TH STREET

City State Zip Code
BROOKLYN NY 11223

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.6526

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. INDEPENDANCE PARTY

Mailing Address 740 VETERANS HIGHWAY

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.6527

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KINGS COUNTY DEMORATIC COUNTY COMM

Mailing Address 16 COURT ST

City BROOKLYN State NY Zip Code 11241

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6529

Date of Disbursement

/

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LEAGUE OF WOMEN VOTERS

Mailing Address 45 EAST 33RD ST

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
BOOKLETS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6531

Date of Disbursement

/

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. LINDSAY FOR LEGISLATOR

Mailing Address PO BOX 885

City HOLBROOK State NY Zip Code 11741

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6533

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LONG ISLANDERS FOR LABRIOLA		Transaction ID: SB29.6534 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address PO BOX 419		Amount of Each Disbursement this Period 500.00
City MASSAPEQUA State NY Zip Code 11758		
Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MASSAPEQUA REPUBLICAN COMMITTEE		Transaction ID: SB29.6536 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 29 BROCK MEYERE DRIVE		Amount of Each Disbursement this Period 640.00	
City MASSAPEQUA State NY Zip Code 11758			
Purpose of Disbursement PLITICAL CONTRIBUTION Candidate Name			011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. MAYOR MARA GUILIANTI REELECTION CAMPAIGN		Transaction ID: SB29.6538 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 901 MASSACHUSETTS AVE NW		Amount of Each Disbursement this Period 500.00	
City WASHINGTON State DC Zip Code 20001			
Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name			011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1640.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MCMAHON FOR STATEN ISLAND		Transaction ID: SB29.6540 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 52 WESTBURY AVE		Amount of Each Disbursement this Period 1250.00
City STATEN ISLAND	State Zip Code NY 10301	
Purpose of Disbursement POLITICAL CONTRIBUTION		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MCMANUS DEMOCRATIC ASSOC		Transaction ID: SB29.6544 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 345 WEST 44TH ST		Amount of Each Disbursement this Period 60.00
City NEW YORK	State Zip Code NY 10036	
Purpose of Disbursement POLITICAL CONTRIBUTION		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MCMANUS DEMOCRATIC ASSOC		Transaction ID: SB29.6543 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 345 WEST 44TH ST		Amount of Each Disbursement this Period 240.00
City NEW YORK	State Zip Code NY 10036	
Purpose of Disbursement POLITICAL CONTRIBUTION		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NASSAU COUNTY CONSERVATIVE COMM

Mailing Address 30 PEERLESS DRIVE

City OYSTER BAY State NY Zip Code 11771

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6545

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NASSAU COUNTY CONSERVATIVE COMM

Mailing Address 30 PEERLESS DRIVE

City OYSTER BAY State NY Zip Code 11771

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NASSAU COUNTY CONSERVATIVE COMM

Mailing Address 30 PEERLESS DRIVE

City OYSTER BAY State NY Zip Code 11771

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
NEW YORKERS FOR THOMPSON

Mailing Address 321 BROADWAY

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6552

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK STATE PIPE TRADES PAC

Mailing Address PO BOX 1343

City SOUTH GLENS FALLS State NY Zip Code 12803

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6548

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

14344.00

C. Full Name (Last, First, Middle Initial)
NEW YORK STATE PIPE TRADES PAC

Mailing Address PO BOX 1343

City SOUTH GLENS FALLS State NY Zip Code 12803

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6550

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

14344.00

SUBTOTAL of Disbursements This Page (optional)

29688.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NYS DEMO ASSEMBLY CAMPAIGN COMM

Mailing Address 71 WEST 23RD ST

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6553

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NYS SENATE REPUBLICAN CAMP COMM

Mailing Address P.O. BOX 7229

City ALBANY State NY Zip Code 12224

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6555

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR JEFFRIES

Mailing Address 481 EIGHTH AVENUE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6556

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ►

3250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PEOPLE FOR JOHN LIU		Transaction ID: SB29.6558 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 160-24 77TH AVE		Amount of Each Disbursement this Period 500.00
City FRESH MEADOWS State NY Zip Code 11366	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. PEOPLE FOR JOHN LIU		Transaction ID: SB29.6559 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 160-24 77TH AVE		Amount of Each Disbursement this Period 250.00
City FRESH MEADOWS State NY Zip Code 11366	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. PEOPLE FOR LEROY COMRIE		Transaction ID: SB29.6560 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 305 BROADWAY		Amount of Each Disbursement this Period 500.00
City NEW YORK State NY Zip Code 10007	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. QUEENS COUNTY PROGRESSIVE DEMOCRATIC CLUB

Mailing Address PO BOX 620729

City LITTLE NECK State NY Zip Code 11362

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6562

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. RANGEL FOR CONGRESS

Mailing Address PO BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6564

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RIDGEWOOD DEMO CLUB DINNER COMM

Mailing Address 60-70 PUTNAM AVE

City RIDGEWOOD State NY Zip Code 11385

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6565

Date of Disbursement

04 / 20 / 2007

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional) ►

1675.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RIVERHEAD DEMOCRATIC COMMITTEE		Transaction ID: SB29.6566 Date of Disbursement
Mailing Address PO BOX 1258		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City JAMESPORT	State NY	Zip Code 11947
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. ROBERT F KENNEDY DEMOCRATIC ASSOC		Transaction ID: SB29.6567 Date of Disbursement
Mailing Address PO BOX 754150		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FOREST HILLS	State NY	Zip Code 11375
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="375.00"/>

Full Name (Last, First, Middle Initial) C. ROBERT F KENNEDY DEMOCRATIC ASSOC		Transaction ID: SB29.6569 Date of Disbursement
Mailing Address PO BOX 754150		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FOREST HILLS	State NY	Zip Code 11375
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="175.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RORY LANCOME CAMPAIGN COMMITTEE		Transaction ID: SB29.6570 Date of Disbursement
Mailing Address 41 UNION SQUARE WEST		<input type="text" value="02"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. SAVINO FOR NEW YORK		Transaction ID: SB29.6571 Date of Disbursement
Mailing Address 481 EIGHTH AVENUE SUITE 1202		<input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. SAWICKI FOR COMPTROLLERS		Transaction ID: SB29.6572 Date of Disbursement
Mailing Address PO BOX 763		<input type="text" value="05"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City CUTCHOGUE	State NY	Zip Code 11935
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SOUTHAMPTON GOP		Transaction ID: SB29.6573 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address PO BOX 882		Amount of Each Disbursement this Period 225.00
City WESTHAMPTON BEACH	State NY Zip Code 11978	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. STRINGER 2009		Transaction ID: SB29.6575 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 895 BROADWAY		Amount of Each Disbursement this Period 500.00
City NEW YORK	State NY Zip Code 10003	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SUFFOLK COUNTY CONSERVATIVE CHAIRMANS COMMITTEE		Transaction ID: SB29.6577 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 1250.00
City BAYPORT	State NY Zip Code 11705	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1975.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUFFOLK COUNTY CONSERVATIVE CHAIRMANS COMMITTEE

Mailing Address PO BOX 100

City BAYPORT State NY Zip Code 11705

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6579

Date of Disbursement

02 / 09 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. SUFFOLK COUNTY DEMOCRATIC COMMITTEE

Mailing Address 467 ROUTE 112

City PATCHOGUE State NY Zip Code 11772

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6580

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. THE CONNOR COMMITTEE

Mailing Address 467 ROUTE 112

City PATCHOGUE State NY Zip Code 11772

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6581

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional) ►

1825.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE NORTH SHORE DEMOCRATIC CLUB

Mailing Address 5 MATHEWS AVENUE

City STATEN ISLAND State NY Zip Code 10310

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6585

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

340.00

Full Name (Last, First, Middle Initial)

B. THE TOWNS COMMITTEE

Mailing Address 319 HIGHLAND BLVD

City BROOKLYN State NY Zip Code 11207

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6586

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. THE WOOD-HEIGHTS DEMOCRATIC CLUB

Mailing Address 77-18 31ST AVE

City EAST ELMHURST State NY Zip Code 11378

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6587

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1340.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE WOOD-HEIGHTS DEMOCRATIC CLUB

Mailing Address 77-18 31ST AVE

City EAST ELMHURST State NY Zip Code 11378

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6589

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

B. TOM SPODA FOR DISTRICT ATTORNEY

Mailing Address PO BOX 883

City BABYLON State NY Zip Code 11702

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6590

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. TOWN OY OYSTER BAY REPUB COMM

Mailing Address 164 POST AVE

City WESTBURY State NY Zip Code 11590

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6591

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. VACCA 2009		Transaction ID: SB29.6592 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address PO BOX 562		Amount of Each Disbursement this Period 200.00
City BRONX State NY Zip Code 10461	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VACCA 2009		Transaction ID: SB29.6593 Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address PO BOX 562		Amount of Each Disbursement this Period 450.00
City BRONX State NY Zip Code 10461	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. VALLONE FOR NEW YORK		Transaction ID: SB29.6594 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 123 WILLIAM ST 22ND FLOOR		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1650.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. VIDA		Transaction ID: SB29.6596 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 1424 FULTON STREET		Amount of Each Disbursement this Period 250.00
City BROOKLYN State NY Zip Code 11216	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WORKING FAMILIES PARTY		Transaction ID: SB29.6597 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 88 THIRD AVENUE FRANKLIN		Amount of Each Disbursement this Period 200.00
City BROOKLYN State NY Zip Code 11217	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

450.00

TOTAL This Period (last page this line number only) ▶

99123.11