

# 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  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 265 WEST 14TH STREET  
 Check if different than previously reported. (ACC)  
NEW YORK NY 10011

2. **FEC IDENTIFICATION NUMBER** C00163956  
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 DANIEL J SCHNEIDER

Signature of Treasurer Electronically Filed by DANIEL J SCHNEIDER Date 04 15 2008

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

I.U.O.E LOCAL 15 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		696814.63
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	696814.63									
(c) Total Receipts (from Line 19) .....	184175.16	184175.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	880989.79	880989.79								
7. Total Disbursements (from Line 31) .....	24043.25	24043.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	856946.54	856946.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
I.U.O.E LOCAL 15 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 .....	173234.36	173234.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	173234.36	173234.36
(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) ▶	173234.36	173234.36
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.) .....	10940.80	10940.80
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)) .....	184175.16	184175.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	184175.16	184175.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	19543.25	19543.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19543.25	19543.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4500.00	4500.00
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.....	0.00	0.00
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))..	24043.25	24043.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24043.25	24043.25

**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) .....	173234.36	173234.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	173234.36	173234.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19543.25	19543.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19543.25	19543.25

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
HSBC BANK USA

Mailing Address 80 EIGHTH AVENUE

City State Zip Code  
NEW YORK NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3987.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2007

**Transaction ID:** SA17.5063

Amount of Each Receipt this Period  
3987.00

INTEREST

**B.** Full Name (Last, First, Middle Initial)  
HSBC BANK USA

Mailing Address 80 EIGHTH AVENUE

City State Zip Code  
NEW YORK NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4068.43

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2007

**Transaction ID:** SA17.4994

Amount of Each Receipt this Period  
81.43

INTEREST

**C.** Full Name (Last, First, Middle Initial)  
HSBC BANK USA

Mailing Address 80 EIGHTH AVENUE

City State Zip Code  
NEW YORK NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4164.77

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2007

**Transaction ID:** SA17.4997

Amount of Each Receipt this Period  
96.34

INTEREST

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4164.77**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
HSBC BANK USA  
Mailing Address 80 EIGHTH AVENUE  
City NEW YORK State NY Zip Code 10011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4727.86  
Date of Receipt 05 / 31 / 2007  
Transaction ID: SA17.4995  
Amount of Each Receipt this Period 563.09  
INTEREST

**B.** Full Name (Last, First, Middle Initial)  
HSBC BANK USA  
Mailing Address 80 EIGHTH AVENUE  
City NEW YORK State NY Zip Code 10011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5471.72  
Date of Receipt 05 / 31 / 2007  
Transaction ID: SA17.4998  
Amount of Each Receipt this Period 743.86  
INTEREST

**C.** Full Name (Last, First, Middle Initial)  
HSBC BANK USA  
Mailing Address 80 EIGHTH AVENUE  
City NEW YORK State NY Zip Code 10011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6101.88  
Date of Receipt 06 / 30 / 2007  
Transaction ID: SA17.4996  
Amount of Each Receipt this Period 630.16  
INTEREST

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1937.11  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 14</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) HSBC BANK USA		Date of Receipt
	Mailing Address 80 EIGHTH AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	NEW YORK	NY	10011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.4999
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="722.22"/>	
		<input type="text" value="6824.10"/>	INTEREST

<b>B.</b>	Full Name (Last, First, Middle Initial) HSBC BANK USA		Date of Receipt
	Mailing Address 80 EIGHTH AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	NEW YORK	NY	10011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.5064
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="4116.70"/>	
		<input type="text" value="10940.80"/>	INTEREST

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4838.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10940.80"/>



**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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) HSBC BANK USA	Transaction ID: SB21B.4976 Date of Disbursement
	Mailing Address 80 EIGHTH AVENUE	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="2007"/>
	City NEW YORK State NY Zip Code 10011	Amount of Each Disbursement this Period
	Purpose of Disbursement 1120 POL TAX	<input type="text" value="1502.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HSBC BANK USA	Transaction ID: SB21B.4977 Date of Disbursement
	Mailing Address 80 EIGHTH AVENUE	<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="2007"/>
	City NEW YORK State NY Zip Code 10011	Amount of Each Disbursement this Period
	Purpose of Disbursement 1120 POL TAX	<input type="text" value="7860.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HSBC BANK USA	Transaction ID: SB21B.5065 Date of Disbursement
	Mailing Address 80 EIGHTH AVENUE	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="2007"/>
	City NEW YORK State NY Zip Code 10011	Amount of Each Disbursement this Period
	Purpose of Disbursement CUSTODIAL FEE	<input type="text" value="27.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9389.98"/>
<b>TOTAL</b> 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 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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) HSBC BANK USA	Transaction ID: SB21B.4978 Date of Disbursement
	Mailing Address 80 EIGHTH AVENUE	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City NEW YORK State NY Zip Code 10011	Amount of Each Disbursement this Period
	Purpose of Disbursement 1120 POL TAX	<input type="text" value="3875.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HSBC BANK USA	Transaction ID: SB21B.5066 Date of Disbursement
	Mailing Address 80 EIGHTH AVENUE	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City NEW YORK State NY Zip Code 10011	Amount of Each Disbursement this Period
	Purpose of Disbursement CUSTODIAL FEE	<input type="text" value="28.27"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NEW YORK BUILDING CONGRESS, INC	Transaction ID: SB21B.4963 Date of Disbursement
	Mailing Address 44 WEST 28TH STREET	<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period
	Purpose of Disbursement DUES	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8903.27"/>
<b>TOTAL</b> 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 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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SCHULTHEIS & PANETTIERI, LLP

Mailing Address 210 MARCUS BOULEVARD

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4962

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
SCHULTHEIS & PANETTIERI, LLP

Mailing Address 210 MARCUS BOULEVARD

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4973

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 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

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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE INC.	Transaction ID: SB23.5017 Date of Disbursement																			
	Mailing Address PO Box 77593	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	0	7												
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS	Transaction ID: SB23.5013 Date of Disbursement																			
	Mailing Address 49 EAST 92ND STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	7		2	0	0	7												
	City NEW YORK State NY Zip Code 10128	Amount of Each Disbursement this Period																			
	Purpose of Disbursement VOLUNTARY CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MEEKS FOR CONGRESS	Transaction ID: SB23.5006 Date of Disbursement																			
	Mailing Address 219-10 South Conduit Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	7												
	City Springfield Garden State NY Zip Code 11413	Amount of Each Disbursement this Period																			
	Purpose of Disbursement VOLUNTARY CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00
2000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NADLER FOR CONGRESS	Transaction ID: SB23.5003 Date of Disbursement
	Mailing Address Village Station PO Box 40	<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10014	Amount of Each Disbursement this Period
	Purpose of Disbursement VOLUNTARY CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NADLER FOR CONGRESS	Transaction ID: SB23.5011 Date of Disbursement
	Mailing Address Village Station PO Box 40	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10014	Amount of Each Disbursement this Period
	Purpose of Disbursement VOLUNTARY CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: SB23.5005 Date of Disbursement
	Mailing Address PO BOX 5577 MANHATTANVILLE STA	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City NEW YORK State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement VOLUNTARY CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> 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)

PAGE 14 / 14

<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)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
SERRANO FOR CONGRESS

Transaction ID: SB23.5015

Date of Disbursement

Mailing Address 275 MADISON AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	7

City State Zip Code  
NEW YORK NY 10016

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

500.00
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TOTAL This Period (last page this line number only) ..... ►

4500.00
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