

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 **ROBERT SHERLOCK**

Signature of Treasurer ROBERT SHERLOCK [Electronically Filed] Date  /  /

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="117367.76"/>	<input type="text" value="117367.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="87043.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42351.29"/>	<input type="text" value="106498.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="129395.23"/>	<input type="text" value="223866.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40697.25"/>	<input type="text" value="135168.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="88697.98"/>	<input type="text" value="88697.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	42330.02	106451.51
(ii) Unitemized .....	0.00	26.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42330.02	106477.54
(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) .....	42330.02	106477.54
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.).....	21.27	21.27
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 Transfers (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))..... ▶	42351.29	106498.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42351.29	106498.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	23697.25	88868.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23697.25	88868.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	3000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	15000.00	43300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	40697.25	135168.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40697.25	135168.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	42330.02	106477.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42330.02	106477.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23697.25	88868.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23697.25	88868.59



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7180

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

Form/Schedule: SA11AI

Transaction ID: SA11AI.7301

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7304

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

**A. STEAMFITTERS LOCAL 475**

Full Name (Last, First, Middle Initial)  
Mailing Address 136 Mount Bethel Rd  
PO Box 4187

City Warren State NJ Zip Code 07059

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80574.51

Date of Receipt  
08 / 13 / 2015  
**Transaction ID : SA11AI.7305**

Amount of Each Receipt this Period  
3033.76

PAC FUND DUES

**B. STEAMFITTERS LOCAL 475**

Full Name (Last, First, Middle Initial)  
Mailing Address 136 Mount Bethel Rd  
PO Box 4187

City Warren State NJ Zip Code 07059

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
91621.08

Date of Receipt  
10 / 06 / 2015  
**Transaction ID : SA11AI.7306**

Amount of Each Receipt this Period  
11046.57

PAC FUND DUES

**C. STEAMFITTERS LOCAL 475**

Full Name (Last, First, Middle Initial)  
Mailing Address 136 Mount Bethel Rd  
PO Box 4187

City Warren State NJ Zip Code 07059

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
94263.15

Date of Receipt  
11 / 06 / 2015  
**Transaction ID : SA11AI.7307**

Amount of Each Receipt this Period  
2642.07

PAC FUND DUES

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16722.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7305

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

Form/Schedule: SA11AI

Transaction ID: SA11AI.7306

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7307

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 12 OF 27  
(check only one)

<input checked="" 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 type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

**A. STEAMFITTERS LOCAL 475**  
Full Name (Last, First, Middle Initial)  
Mailing Address 136 Mount Bethel Rd  
PO Box 4187  
City Warren State NJ Zip Code 07059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**95859.01**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : SA11AI.7308**  
Amount of Each Receipt this Period  
**1595.86**  
PAC FUND DUES

**B. STEAMFITTERS LOCAL 475**  
Full Name (Last, First, Middle Initial)  
Mailing Address 136 Mount Bethel Rd  
PO Box 4187  
City Warren State NJ Zip Code 07059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**106451.51**

Date of Receipt  
**12 / 15 / 2015**  
**Transaction ID : SA11AI.7309**  
Amount of Each Receipt this Period  
**10592.50**  
PAC FUND DUES

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>12188.36</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>42330.02</b>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7308

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

Form/Schedule: SA11AI

Transaction ID: SA11AI.7309

This item is unitemized because it is contributions from various individuals in which none of those individuals exceed \$200.

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MSPC**

Mailing Address 340 North Ave

City Cranford State NJ Zip Code 07016

Purpose of Disbursement  
1ST/2ND QTR FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : SB21B.7335

Amount of Each Disbursement this Period

830.00

Full Name (Last, First, Middle Initial)

**B. NJ STATE AFL-CIO C.O.P.E.**

Mailing Address 106 WEST STATE STREET

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement  
CONTRIBUTIONS PAID - 42190 HRS FOR SEPT 2015

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : SB21B.7333

Amount of Each Disbursement this Period

843.80

Full Name (Last, First, Middle Initial)

**C. NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND**

Mailing Address P.O. BOX 73

City WINDSLOW State NJ Zip Code 08095

Purpose of Disbursement  
3RD/4TH QTR 2015 PER CAPITA FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : SB21B.7316

Amount of Each Disbursement this Period

700.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2373.80

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	07	/	2015

Mailing Address P.O. BOX 73

**Transaction ID : SB21B.7317**

City WINDSLOW State NJ Zip Code 08095

Amount of Each Disbursement this Period

1216.08
---------

Purpose of Disbursement  
CONTRIBUTIONS PAID - 60804 HRS FOR JUNE 2015

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	11	/	2015

Mailing Address P.O. BOX 73

**Transaction ID : SB21B.7324**

City WINDSLOW State NJ Zip Code 08095

Amount of Each Disbursement this Period

1029.80
---------

Purpose of Disbursement  
CONTRIBUTIONS PAID - 51490 HRS FOR JULY 2015

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2015

Mailing Address P.O. BOX 73

**Transaction ID : SB21B.7331**

City WINDSLOW State NJ Zip Code 08095

Amount of Each Disbursement this Period

995.00
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Purpose of Disbursement  
CONTRIBUTIONS PAID - 49750 HRS FOR AUGUST 2015

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3240.88
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**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Mailing Address P.O. BOX 73

**Transaction ID : SB21B.7352**

City WINDSLOW State NJ Zip Code 08095

Amount of Each Disbursement this Period

1189.58
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Purpose of Disbursement  
CONTRIBUTIONS PAID - 59479 HRS FOR OCT 2015

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2015

Mailing Address P.O. BOX 73

**Transaction ID : SB21B.7356**

City WINDSLOW State NJ Zip Code 08095

Amount of Each Disbursement this Period

1059.24
---------

Purpose of Disbursement  
CONTRIBUTIONS PAID - 52962 HRS FOR NOV 2015

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. U.A. POLITICAL EDUCATION FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2015

Mailing Address THREE PARK PLACE

**Transaction ID : SB21B.7318**

City ANNAPOLIS State MD Zip Code 21401

Amount of Each Disbursement this Period

3040.20
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Purpose of Disbursement  
CONTRIBUTIONS PAID - 60804 HRS FOR JUNE 2015

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5289.02
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. U.A. POLITICAL EDUCATION FUND**

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
CONTRIBUTIONS PAID - 51490 HRS FOR JULY 2015

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : SB21B.7323

Amount of Each Disbursement this Period

2574.50

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. U.A. POLITICAL EDUCATION FUND**

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
CONTRIBUTIONS PAID - 49750 HRS FOR AUGUST 2015

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2015

Transaction ID : SB21B.7332

Amount of Each Disbursement this Period

2487.50

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. U.A. POLITICAL EDUCATION FUND**

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
CONTRIBUTIONS PAID - 49750 HRS FOR AUGUST 2015

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : SB21B.7334

Amount of Each Disbursement this Period

2109.50

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7171.50

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. U.A. POLITICAL EDUCATION FUND**

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
CONTRIBUTIONS PAID - 59479 HRS FOR OCT 2015

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB21B.7354

Amount of Each Disbursement this Period

2973.95

Full Name (Last, First, Middle Initial)

**B. U.A. POLITICAL EDUCATION FUND**

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
CONTRIBUTIONS PAID - 52962 HRS FOR NOV 2015

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

Transaction ID : SB21B.7357

Amount of Each Disbursement this Period

2648.10

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5622.05

23697.25

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
Contribution - 2 tickets

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SB23.7321

Amount of Each Disbursement this Period

2000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00
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2000.00
---------

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BARNES FOR SENATE FUND**

Mailing Address 25 GARDEN WAY

City HOWELL State NJ Zip Code 07731

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

Transaction ID : SB29.7325

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BLOOMFIELD DEMOCRATIC COMMITTEE**

Mailing Address 29 STONE STREET

City BLOOMFIELD State NJ Zip Code 07003

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

Transaction ID : SB29.7336

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT PATRICK DIEGNAN JR**

Mailing Address P.O. BOX 736

City SOUTH PLAINFIELD State NJ Zip Code 07080

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

Transaction ID : SB29.7326

Amount of Each Disbursement this Period

250.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1250.00

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT SHEILA OLIVER</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 45 ESSEX STREET SUITE 204		Transaction ID : <b>SB29.7337</b>
City HACKENSACK	State NJ	
Zip Code 07601	Purpose of Disbursement Contribution - 2 Tickets	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELECTION FUND OF CHRISTOPHER J DURKIN</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 2 GYMOTY ROAD		Transaction ID : <b>SB29.7338</b>
City WEST CALDWELL	State NJ	
Zip Code 07006	Purpose of Disbursement Contribution - 2 Tickets	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Election Fund of Joseph V. Egan</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 44 Jefferson Ave		Transaction ID : <b>SB29.7339</b>
City New Brunswick	State NJ	
Zip Code 08901	Purpose of Disbursement Donation	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> 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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Election Fund of Nia H. Gill**

Mailing Address 201 Railroad Ave  
#306

City East Rutherford State NJ Zip Code 07073

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7340**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Election Fund of Ralph R. Caputo For Assemblyman**

Mailing Address 23 Yantacaw Place

City Nutley State NJ Zip Code 07110

Purpose of Disbursement  
Contribution - 2 Tickets

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7341**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Election Fund of Raymond J. Lesniak**

Mailing Address P.O. BOX 1964

City Brick State NJ Zip Code 08723

Purpose of Disbursement  
Contribuion - 4 Golf Packages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7342**

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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Election Fund of Thomas P. Giblin Inc.**

Mailing Address P.O. Box 43062

City Upper Montclair State NJ Zip Code 07043

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 34

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
09 / 02 / 2015

**Transaction ID : SB29.7327**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. ERIC HOUGHTALING FOR ASSEMBLY**

Mailing Address 18 E. First Street

City Howell State NJ Zip Code 07731

Purpose of Disbursement  
Supporter

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
10 / 08 / 2015

**Transaction ID : SB29.7343**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ESSEX COUNTY DEMOCRATIC COMMITTEE**

Mailing Address 50 PARK PLACE  
SUITE 1430

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
07 / 31 / 2015

**Transaction ID : SB29.7319**

Amount of Each Disbursement this Period

250.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1250.00

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ESSEX COUNTY DEMOCRATIC COMMITTEE**

Mailing Address 50 PARK PLACE  
SUITE 1430

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB29.7345**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. HOLLEY FOR ASSEMBLY**

Mailing Address 45 ESSEX STREET  
SUITE 204 - 2ND FLOOR

City HACKENSACK State NJ Zip Code 07601

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB29.7328**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JERRY GREEN FOR ASSEMBLY**

Mailing Address 1460 Prospect Avenue

City Plainfield State NJ Zip Code 07060

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB29.7320**

Amount of Each Disbursement this Period

Category/  
Type

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MCANJ - PAC**

Mailing Address P.O. Box 390

City Springfield State NJ Zip Code 07081

Purpose of Disbursement  
Dinner Sponsor

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB29.7322**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MCANJ - PAC**

Mailing Address P.O. Box 390

City Springfield State NJ Zip Code 07081

Purpose of Disbursement  
PLATINUM SPONSER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

Transaction ID : **SB29.7355**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TOM SULLIVAN FOR FREEHOLDER**

Mailing Address 204 Hillside Ave

City Wyckoff State NJ Zip Code 07481

Purpose of Disbursement  
Contribution - 2 Tickets

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : **SB29.7346**

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2600.00

**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Union County Democratic Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Mailing Address 65 King Street

**Transaction ID : SB29.7348**

City Hillside State NJ Zip Code 07205

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Contribution - 2 Tickets

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. VENEZIA FOR BLOOMFIELD 2016**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Mailing Address 71 WASHINGTON STREET

**Transaction ID : SB29.7329**

City BLOOMFIELD State NJ Zip Code 07006

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Friend Sponsor

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. VICTORY 2015**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Mailing Address 327 TRINITY PLACE

**Transaction ID : SB29.7330**

City HILLSIDE State NJ Zip Code 07205

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Donation

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1200.00
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**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)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VINNIE PETTI FOR COUNCILMAN**

Mailing Address 216 Talmage Ave

City Bound Brook State NJ Zip Code 08805

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

**Transaction ID : SB29.7349**

Amount of Each Disbursement this Period

300.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

300.00
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15000.00
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