

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 825 POLITICAL ACTION AND EDUCATION COMMITTEE

ADDRESS (number and street) 65 SPRINGFIELD AVE
 Check if different than previously reported. (ACC)
SPRINGFIELD NJ 07081

2. **FEC IDENTIFICATION NUMBER** C00017194
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 08 24 2006 through 09 30 2006

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 I.U.O.E. Local825 Joseph Whittles

Signature of Treasurer Electronically Filed by I.U.O.E. Local825 Joseph Whittles Date 10 09 2006

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
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		251167.46
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	236986.06									
(c) Total Receipts (from Line 19)	42283.32	216508.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	279269.38	467675.99								
7. Total Disbursements (from Line 31)	25909.69	214316.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	253359.69	253359.69								
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

I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	31373.33	205287.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31373.33	205287.79
(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)	31373.33	205287.79
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)	10861.77	10861.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	48.22	358.97
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))	42283.32	216508.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42283.32	216508.53

DETAILED SUMMARY PAGE

of Disbursements

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.....	1609.69	16536.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1609.69	16536.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	50000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	16650.00
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.....	22300.00	131130.00
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))..	25909.69	214316.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25909.69	214316.30

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)	31373.33	205287.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31373.33	205287.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1609.69	16536.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	10861.77	10861.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-9252.08	5674.53

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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 checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BOB LEVY FOR MAYOR

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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA15.5339

Amount of Each Receipt this Period
500.00

Direct Contrib (VOID CHECK
- 11/02/05)

B. Full Name (Last, First, Middle Initial)
Cmte. to Elect Aileen Gunther

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 ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA15.5340

Amount of Each Receipt this Period
150.00

Dinner Tickets (VOID CHECK
- 09/30/03)

C. Full Name (Last, First, Middle Initial)
CMTE. TO RE-ELECT BONNIE KRAHAM

Mailing Address P.O. Box 1003

City State Zip Code
Goshen NY 10924

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA15.5341

Amount of Each Receipt this Period
250.00

Direct Contrib (VOID CHECK
- 07/20/05)

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CMTE TO RE-ELECT PAULA LEONARD

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: SA15.5342

Amount of Each Receipt this Period
300.00

Direct Contrib (VOID CHECK - 10/21/05)

B. Full Name (Last, First, Middle Initial)
Election Fund of Joseph V. Doria, Jr.

Mailing Address PO Box 1063

City State Zip Code
Bayonne NJ 07002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: SA15.5343

Amount of Each Receipt this Period
1500.00

Dinner Tickets (VOID CHECK - 09/01/04)

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ALEX GROMACK

Mailing Address 23 Reginald Drive

City State Zip Code
Congers NY 10920

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: SA15.5344

Amount of Each Receipt this Period
1400.00

Dinner Tickets (VOID CHECK - 06/08/04)

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

A. Full Name (Last, First, Middle Initial) Mike FRIENDS OF MIKE FERGUSON		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address PO Box 125		Transaction ID: SA15.5345
City State Zip Code Cliffside Park NJ 07010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution (VOID CHECK - 10/25/04)	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) LEVINSON FOR EXECUTIVE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address c/o F.A. Barbera 3106 Atlantic Avenue		Transaction ID: SA15.5346
City State Zip Code Atlantic City NJ 08401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Direct Contrib (VOID CHECK - 08/08/05)	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address PO BOX 775		Transaction ID: SA15.5347
City State Zip Code MARMORA NJ 08223	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00269340	Contribution (VOID CHECK - 06/29/05)	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. OGDSPBA		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address PO Box 453		Transaction ID: SA15.5348	
City State Zip Code Goshen NY 10924	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Donation (VOID CHECK - 06-08/04)	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) B. ORANGE COUNTY DEMOCRATIC CMTE.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address c/o Jonathan Jacobson, Cty Chair 843 Union Avenue-2nd Floor		Transaction ID: SA15.5349	
City State Zip Code New Windsor NY 12553	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Sponsorship (VOID CHECK - 09/02/05)	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Sayreville Democratic Committee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 3145 Bordentown Avenue Suite C1A		Transaction ID: SA15.5350	
City State Zip Code Parlin NJ 08859	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Dinner Tickets (VOID CHECK - 10/21/04)	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. Union County Democratic Committee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 65 King Street		Transaction ID: SA15.5351
City State Zip Code Hillside NJ 07205	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Dinner Tickets (VOID CHECK - 10/25/04)	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA15.5352
City State Zip Code CHARLOTTE NC 28262-3966	Amount of Each Receipt this Period 40.24	
FEC ID number of contributing federal political committee. C	Interest Earned (VOIDED - 10/31/05)	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 117807.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA15.5353
City State Zip Code CHARLOTTE NC 28262-3966	Amount of Each Receipt this Period 21.53	
FEC ID number of contributing federal political committee. C	Interest Earned (VOIDED - 11/10/05)	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 117829.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2061.77
TOTAL This Period (last page this line number only) ▶	10861.77

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<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 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.5261	
City CHARLOTTE State NC Zip Code 28262-3966	Amount of Each Receipt this Period 0.92		
FEC ID number of contributing federal political committee. C		Interest Earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 117720.09		

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.5264	
City CHARLOTTE State NC Zip Code 28262-3966	Amount of Each Receipt this Period 0.45		
FEC ID number of contributing federal political committee. C		Interest Earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 117720.54		

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.5262	
City CHARLOTTE State NC Zip Code 28262-3966	Amount of Each Receipt this Period 0.89		
FEC ID number of contributing federal political committee. C		Interest Earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 117721.43		

SUBTOTAL of Receipts This Page (optional) ▶	2.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 22
	(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 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.5263	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 45.46	
Zip Code 28262-3966		Interest Earned	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 117766.89	

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.5265	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 0.50	
Zip Code 28262-3966		Interest Earned	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 117767.39	

SUBTOTAL of Receipts This Page (optional)	45.96
TOTAL This Period (last page this line number only)	48.22

**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 13 / 22

<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 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. ST. PAUL TRAVELERS		Transaction ID: SB21B.5317 Date of Disbursement																					
Mailing Address CL & Specialty Remittance Ctr		<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>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	0		2	0	0	6														
City Hartford	State CT	Zip Code 06183	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Insurance/ Commercial		001 Category/ Type	1549.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.5266 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	4		2	0	0	6														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge		001 Category/ Type	5.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.5270 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	9		2	0	0	6														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge		001 Category/ Type	5.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	1559.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.5268 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	6													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Charge	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.5269 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	6													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Charge	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

40.69

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.5271 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	6													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Charge	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>50.69</td></tr></table>	50.69
50.69		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>1609.69</td></tr></table>	1609.69
1609.69		

**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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Transaction ID: SB23.5311	
Mailing Address PO BOX 3176		Date of Disbursement 09 / 15 / 2006	
City LONG BRANCH	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Reception/District 6		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 06		

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

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

Use separate schedule(s)
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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. BCA-NJ PAC		Transaction ID: SB29.5272 Date of Disbursement
Mailing Address Raritan Center Plaza II Fieldcrest Avenue		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City Edison	State NJ	Zip Code 08837
Purpose of Disbursement Souvenir Journal		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. BCA-NJ PAC		Transaction ID: SB29.5273 Date of Disbursement
Mailing Address Raritan Center Plaza II Fieldcrest Avenue		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City Edison	State NJ	Zip Code 08837
Purpose of Disbursement Cocktail Sponsor		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. BERGEN COPE		Transaction ID: SB29.5279 Date of Disbursement
Mailing Address 205 Robin Road Suite 220		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Paramus	State NJ	Zip Code 07652
Purpose of Disbursement Reception Sponsor		Amount of Each Disbursement this Period <input type="text" value="1250.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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Detailed Summary Page

FOR LINE NUMBER:
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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAMDEN COUNTY DEMOCRATIC COMMITTEE		Transaction ID: SB29.5278 Date of Disbursement
Mailing Address 2240-15 Route 70 West		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Cherry Hill	State NJ	Zip Code 08002
Purpose of Disbursement Reception	<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: 2006 <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. CMTE. TO ELECT ANIBAL RAMOS, JR.		Transaction ID: SB29.5291 Date of Disbursement
Mailing Address P.O. Box 400121		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Newark	State NJ	Zip Code 07104
Purpose of Disbursement Cocktail Reception/Newark Council	<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: 2006 <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. CMTE. TO ELECT GLEN VETRANO FREEHOLDER		Transaction ID: SB29.5282 Date of Disbursement
Mailing Address 12 Plotts Road		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Newton	State NJ	Zip Code 07860
Purpose of Disbursement Reception/Sussex Freeholder	<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: 2006 <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)	<input type="text" value="3350.00"/>
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)

PAGE 18 / 22

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE. TO ELECT MONIQUA DIAZ-CORLEY		Transaction ID: SB29.5304 Date of Disbursement
Mailing Address 1 Alva Lane		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Monticello	State NY	Zip Code 12701
Purpose of Disbursement Direct 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: 2006 <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. CMTE. TO RE-ELECT BUTCH ANDERSON		Transaction ID: SB29.5300 Date of Disbursement
Mailing Address 84 South Randolph Avenue		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Poughkeepsie	State NY	Zip Code 12601
Purpose of Disbursement Sponsorship	<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: 2006 <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. CMTE TO ELECT TED YEOMANS		Transaction ID: SB29.5307 Date of Disbursement
Mailing Address 3592 State Rt. 55, Apt. 16		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Kauneonga Lake	State NY	Zip Code 12749
Purpose of Disbursement Direct Contribution/Council Town of Beth	<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: 2006 <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)	<input type="text" value="1450.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 22

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. DAVID MAYER FOR ASSEMBLY		Transaction ID: SB29.5275 Date of Disbursement																					
Mailing Address P.O. Box 4028		<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>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
City Lindenwold	State NJ	Zip Code 08021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reception/Assembly District 4		011 Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. EAST HANOVER MAYOR'S GALA		Transaction ID: SB29.5280 Date of Disbursement																					
Mailing Address P.O. Box 104		<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>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	6														
City East Hanover	State NJ	Zip Code 07936	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reception		011 Category/ Type	600.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. EFO MICHAEL KISIELEWSKI FOR RUNNEMEDE		Transaction ID: SB29.5277 Date of Disbursement																					
Mailing Address 204 Walnut 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>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
City Magnolia	State NJ	Zip Code 08049	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Contribution/Runnemedec Council		011 Category/ Type	500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	2100.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF GARBOWSKI FOR COUNCIL

Mailing Address P.O. Box 2923

City State Zip Code
Cherry Hill NJ 08034

Purpose of Disbursement
Cocktail Reception

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.5284

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF LUIS QUINTANA

Mailing Address P.O. Box 867

City State Zip Code
Newark NJ 07101

Purpose of Disbursement
Cocktail Reception/Newark Council

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.5289

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELECTION FUND OF WILFREDO CARABALLO

Mailing Address 21 Kingman Road

City State Zip Code
South Orange NJ 07079

Purpose of Disbursement
Reception

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.5295

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRED SCALERA CAMPAIGN COMMITTEE		Transaction ID: SB29.5297 Date of Disbursement
Mailing Address 1315 West State Street 6D		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Trenton	State NJ	Zip Code
Purpose of Disbursement Breakfast Reception		<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: 2006 <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="1500.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF ASSEMBLYMAN CLIFF CROUCH		Transaction ID: SB29.5302 Date of Disbursement
Mailing Address PO BOX 97		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City BAINBRIDGE	State NY	Zip Code 13733
Purpose of Disbursement Sponsorship		<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: 2006 <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) C. SOUTHERN NJ AFL-CIO COPE		Transaction ID: SB29.5287 Date of Disbursement
Mailing Address 4212 Beacon Avenue		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Pennsauken	State NJ	Zip Code 08109
Purpose of Disbursement COPE Reception		<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: 2006 <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="1750.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3750.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. The Senator Kyrillos Committee		Transaction ID: SB29.5293	
Mailing Address 2507 Beech Street		Date of Disbursement 09 / 25 / 2006	
City Point Pleasant	State NJ	Zip Code 08742	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Cocktail Reception		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ulster County Democratic Committee		Transaction ID: SB29.5305	
Mailing Address 292-C Fair Street		Date of Disbursement 09 / 13 / 2006	
City Kingston	State NY	Zip Code 12401	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Ad Journal Sponsor		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WEST DEPTFORD DEMOCRATIC COMMITTEE		Transaction ID: SB29.5286	
Mailing Address P.O. Box 355		Date of Disbursement 09 / 20 / 2006	
City Thorofare	State NJ	Zip Code 08086	Amount of Each Disbursement this Period 1600.00
Purpose of Disbursement Cocktail Reception		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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)	22300.00