

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 PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1000 HENDRICKS CAUSEWAY Check if different than previously reported. (ACC) RIDGEFIELD NJ 07657

2. FEC IDENTIFICATION NUMBER C00190991 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN WENDE

Signature of Treasurer Electronically Filed by JOHN WENDE Date 03 12 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		87819.35
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	87819.35									
(c) Total Receipts (from Line 19) .....	75121.22	75121.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	162940.57	162940.57								
7. Total Disbursements (from Line 31) .....	78790.12	78790.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84150.45	84150.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3197.24	3197.24
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	70556.34	70556.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	73753.58	73753.58
(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) .....	73753.58	73753.58
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.) .....	1367.64	1367.64
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)) .....	75121.22	75121.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	75121.22	75121.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	19850.81	19850.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19850.81	19850.81
22. Transfers to Affiliated/Other Party Committees.....	13829.31	13829.31
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2200.00	2200.00
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.....	42910.00	42910.00
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))..	78790.12	78790.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78790.12	78790.12

**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 .....	73753.58	73753.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	73753.58	73753.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19850.81	19850.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19850.81	19850.81

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
A MUHAMMAT AYVAZ

Mailing Address 15-48 PARMELEE AVENUE

City State Zip Code  
FAIR LAWN NJ 07410

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 213.52

Date of Receipt 06 / 30 / 2007  
Transaction ID: SA11AI.23165  
Amount of Each Receipt this Period 113.76

**B.** Full Name (Last, First, Middle Initial)  
JAMES BAKER

Mailing Address 174 ALPHANO ROAD

City State Zip Code  
GREAT MEADOWS NJ 07838

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.20

Date of Receipt 06 / 30 / 2007  
Transaction ID: SA11AI.23190  
Amount of Each Receipt this Period 83.68

**C.** Full Name (Last, First, Middle Initial)  
ARTHUR JR BARBI

Mailing Address 3106 TUDOR DR

City State Zip Code  
POMPTON PLAINS NJ 07444

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.56

Date of Receipt 06 / 30 / 2007  
Transaction ID: SA11AI.23004  
Amount of Each Receipt this Period 141.52

**SUBTOTAL** of Receipts This Page (optional) ..... 338.96

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK BATES	Date of Receipt MM / DD / YYYY 06 / 30 / 2007
	Mailing Address 556 BERKSHIRE VALLEY ROAD	<b>Transaction ID:</b> SA11AI.22940
	City State Zip Code WHARTON NJ 07885	Amount of Each Receipt this Period 142.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PIPEFITTERS LOCAL 274 PIPEFITTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.20	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL BRUNO	Date of Receipt MM / DD / YYYY 06 / 30 / 2007
	Mailing Address 237 RIDGEDALE AVENUE	<b>Transaction ID:</b> SA11AI.22923
	City State Zip Code FLORHAM PARK NJ 07932	Amount of Each Receipt this Period 137.28
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PIPEFITTERS LOCAL 274 PIPEFITTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.45	

<b>C.</b>	Full Name (Last, First, Middle Initial) R JAMES CORBETT	Date of Receipt MM / DD / YYYY 06 / 30 / 2007
	Mailing Address 201 LAUREL CT	<b>Transaction ID:</b> SA11AI.22842
	City State Zip Code CEDAR RUN NJ 07092	Amount of Each Receipt this Period 83.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PIPEFITTERS LOCAL 274 PIPEFITTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>363.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) TIMOTHY CURRAN</p> <p>Mailing Address 76 UPSALA PATH</p> <p>City State Zip Code WEST MILFORD NJ 07480</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation PIPEFITTERS LOCAL 274 PIPEFITTER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">230.80</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2007</span></p> <p><b>Transaction ID:</b> SA11AI.23015</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">130.64</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) CONRAD DECESARE</p> <p>Mailing Address 411 SUSSEX RD</p> <p>City State Zip Code WOODRIDGE NJ 07075</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation PIPEFITTERS LOCAL 274 PIPEFITTER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">216.90</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2007</span></p> <p><b>Transaction ID:</b> SA11AI.23176</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">106.32</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) ELISEO DISLA</p> <p>Mailing Address P.O. BOX 25454</p> <p>City State Zip Code NEWARK NJ 07101</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation PIPEFITTERS LOCAL 274 PIPEFITTER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">263.96</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2007</span></p> <p><b>Transaction ID:</b> SA11AI.22952</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">142.44</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">379.40</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 50  
(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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BRYAN FALCO

Mailing Address 752 COUNTY AVENUE  
APT 3C

City State Zip Code  
SECAUCUS NJ 07094

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.40

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11AI.23156

Amount of Each Receipt this Period  
105.12

**B.**

Full Name (Last, First, Middle Initial)  
JOHN FLORENCE

Mailing Address 3 EAST SHORE ROAD

City State Zip Code  
LAKE HOPATCONG NJ 07849

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 214.84

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11AI.22852

Amount of Each Receipt this Period  
106.20

**C.**

Full Name (Last, First, Middle Initial)  
MATTHEW HEALY

Mailing Address 71 BLUE HILL AVENUE

City State Zip Code  
FAIRLAWN NJ 07410

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.92

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11AI.23043

Amount of Each Receipt this Period  
108.48

**SUBTOTAL** of Receipts This Page (optional) ..... ► **319.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50  
(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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
GERALD JR. HOOGMOED

Mailing Address 58 LITTLE YORK RD

City WARWICK State NY Zip Code 10990

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

Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.32

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.22974**  
 Amount of Each Receipt this Period: 114.40

**B.**

Full Name (Last, First, Middle Initial)  
T JOHN IRWIN

Mailing Address 8 SCHINDLER DRIVE

City SUCCASUNNA State NJ Zip Code 07876

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

Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.88

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.22829**  
 Amount of Each Receipt this Period: 95.32

**C.**

Full Name (Last, First, Middle Initial)  
D JOHN KASHUBA

Mailing Address 50 MARGARET COURT

City DUMONT State NJ Zip Code 07628

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

Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.23158**  
 Amount of Each Receipt this Period: 135.52

**SUBTOTAL** of Receipts This Page (optional) ..... ► 345.24

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 50  
(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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ALLAN KUTYLA

Mailing Address 12 KOKORA AVENUE

City State Zip Code  
MONTVILLE NJ 07045

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.84

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11AI.22928

Amount of Each Receipt this Period  
117.60

**B.**

Full Name (Last, First, Middle Initial)  
T PAUL LYNCH

Mailing Address 15 SUNSET PLACE

City State Zip Code  
BERGENFIELD NJ 07621

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.88

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11AI.23126

Amount of Each Receipt this Period  
88.00

**C.**

Full Name (Last, First, Middle Initial)  
LEO MCCABE

Mailing Address 10 GULFSTREAM BLVD

City State Zip Code  
MATAWAN NJ 07747

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 306.88

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11AI.22881

Amount of Each Receipt this Period  
192.48

**SUBTOTAL** of Receipts This Page (optional) ..... ► **398.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL NELSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2007		
	Mailing Address 1507 SPRUCE HILLS DRIVE		<b>Transaction ID:</b> SA11AI.22825		
	City GLEN GARDNER	State NJ	Zip Code 08826	Amount of Each Receipt this Period 82.08	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PIPEFITTERS LOCAL 274	Occupation PIPEFITTER	Aggregate Year-to-Date 257.96		

<b>B.</b>	Full Name (Last, First, Middle Initial) ALFRED NORTON		Date of Receipt MM / DD / YYYY 06 / 30 / 2007		
	Mailing Address 696 SKYLINE DRIVE		<b>Transaction ID:</b> SA11AI.23065		
	City LAKE HOPATCONG	State NJ	Zip Code 07849	Amount of Each Receipt this Period 83.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PIPEFITTERS LOCAL 274	Occupation PIPEFITTER	Aggregate Year-to-Date 203.44		

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY NUCCIO		Date of Receipt MM / DD / YYYY 06 / 30 / 2007		
	Mailing Address 201 LONG HILL ROAD		<b>Transaction ID:</b> SA11AI.22764		
	City LITTLE FALLS	State NJ	Zip Code 07424	Amount of Each Receipt this Period 136.72	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PIPEFITTERS LOCAL 274	Occupation PIPEFITTER	Aggregate Year-to-Date 243.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>302.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
E. RICHARD PERRY

Mailing Address 2 DELL AVENUE

City NETCONG State NJ Zip Code 07857

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

Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.64

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.22804**  
 Amount of Each Receipt this Period: 122.56

**B.**

Full Name (Last, First, Middle Initial)  
VICTOR PIMENTEL

Mailing Address 21 GRACE AVENUE

City CLIFTON State NJ Zip Code 07011

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

Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.28

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.23038**  
 Amount of Each Receipt this Period: 126.00

**C.**

Full Name (Last, First, Middle Initial)  
J KYLE REILLY

Mailing Address 123 STRATFORD ROAD

City DUMONT State NJ Zip Code 07628

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

Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.80

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.23034**  
 Amount of Each Receipt this Period: 120.64

**SUBTOTAL** of Receipts This Page (optional) ..... ► **369.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 50
	<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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ADAM SECOLA	Date of Receipt MM / DD / YYYY 06 / 30 / 2007
	Mailing Address 51 LYNN DRIVE	<b>Transaction ID:</b> SA11AI.23095
	City ANDOVER State NJ Zip Code 07821	Amount of Each Receipt this Period 92.24
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) JASON SMITH	Date of Receipt MM / DD / YYYY 06 / 30 / 2007
	Mailing Address 2 DEMOCRACY ROAD	<b>Transaction ID:</b> SA11AI.23016
	City COLUMBIA State NJ Zip Code 07832	Amount of Each Receipt this Period 78.64
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.84	

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE JR. SMITH, D.	Date of Receipt MM / DD / YYYY 06 / 30 / 2007
	Mailing Address 14 FOREST ROAD	<b>Transaction ID:</b> SA11AI.22797
	City ANDOVER State NJ Zip Code 07821	Amount of Each Receipt this Period 99.20
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer PIPEFITTERS LOCAL 274 Occupation PIPEFITTER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 50	
	(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"/> 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) WARREN STELLA		Date of Receipt		
	Mailing Address 15 ARMINDA PLACE		M M / D D / Y Y Y Y 06 / 30 / 2007		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.22990	
	MIDLAND PARK	NJ	07432	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	110.96	
	Name of Employer PIPEFITTERS LOCAL 274		Occupation PIPEFITTER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.24			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3197.24

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

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

FOR LINE NUMBER: PAGE 16 / 50  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address Cedar Lane & Palisades Avenue  
City Teancek State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 452.42  
Date of Receipt 01 / 31 / 2007  
Transaction ID: SA17.22679  
Amount of Each Receipt this Period 452.42  
Interest

**B.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address Cedar Lane & Palisades Avenue  
City Teancek State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 458.75  
Date of Receipt 02 / 09 / 2007  
Transaction ID: SA17.22682  
Amount of Each Receipt this Period 6.33  
Interest (Distribution Fund)

**C.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address Cedar Lane & Palisades Avenue  
City Teancek State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 867.35  
Date of Receipt 02 / 28 / 2007  
Transaction ID: SA17.22680  
Amount of Each Receipt this Period 408.60  
Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 867.35  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address Cedar Lane & Palisades Avenue

City State Zip Code  
Teancek NJ 07666

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1044.46

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

**Transaction ID:** SA17.22681

Amount of Each Receipt this Period  
177.11

Interest

**B.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address Cedar Lane & Palisades Avenue

City State Zip Code  
Teancek NJ 07666

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1086.91

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2007

**Transaction ID:** SA17.23227

Amount of Each Receipt this Period  
42.45

Interest

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address Cedar Lane & Palisades Avenue

City State Zip Code  
Teancek NJ 07666

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1091.32

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

**Transaction ID:** SA17.23230

Amount of Each Receipt this Period  
4.41

Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **223.97**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50  
(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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt MM / DD / YYYY 05 / 31 / 2007
Mailing Address Cedar Lane & Palisades Avenue		Transaction ID: SA17.23228
City State Zip Code Teancek NJ 07666	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.63
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1136.95	

**B.**

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address Cedar Lane & Palisades Avenue		Transaction ID: SA17.23229
City State Zip Code Teancek NJ 07666	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.69
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1367.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	276.32
<b>TOTAL</b> This Period (last page this line number only) .....	1367.64

# 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 19 / 50

<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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.22701 Date of Disbursement																			
	Mailing Address P.O. Box 1270	<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>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	7												
	City Newark State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel expenses Candidate Name	<table border="1"><tr><td>136.80</td></tr></table>	136.80																		
136.80																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.22730 Date of Disbursement																			
	Mailing Address P.O. Box 1270	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	7												
	City Newark State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel expenses Candidate Name	<table border="1"><tr><td>299.21</td></tr></table>	299.21																		
299.21																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Beacon Hotel	Transaction ID: SB21B.24537 Date of Disbursement																			
	Mailing Address 1615 Rhode Island Ave, NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	7												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Check to E Plander 3/26/07 Travel Exp Candidate Name	<table border="1"><tr><td>717.93</td></tr></table>	717.93																		
717.93																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>436.01</td></tr></table>	436.01
436.01		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 50

<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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Beacon Hotel	Transaction ID: SB21B.24532 Date of Disbursement
	Mailing Address 1615 Rhode Island Ave, NW	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Check to R Garretson 3/29/07 Travel Exp	<input type="text" value="805.29"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Beacon Hotel	Transaction ID: SB21B.24535 Date of Disbursement
	Mailing Address 1615 Rhode Island Ave, NW	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Check to M McCabe 3/29/07 Travel Exp	<input type="text" value="717.93"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Building and Construction Trades Department AFL-CIO	Transaction ID: SB21B.24527 Date of Disbursement
	Mailing Address 815 16th Street, NW, Suite 600	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Check to R Garretson 3/22/07 Travel Exp	<input type="text" value="600.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Building and Construction Trades Department AFL-CIO Mailing Address 815 16th Street, NW, Suite 600 City Washington State DC Zip Code 20006 Purpose of Disbursement Check to M McCabe 3/22/07 Travel Exp Candidate Name	Transaction ID: SB21B.24531 Date of Disbursement 03 / 22 / 2007
	Amount of Each Disbursement this Period 600.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>B.</b> Full Name (Last, First, Middle Initial) Building and Construction Trades Department AFL-CIO Mailing Address 815 16th Street, NW, Suite 600 City Washington State DC Zip Code 20006 Purpose of Disbursement Check to R Garretson 3/29/07 Travel Exp Candidate Name	Transaction ID: SB21B.24534 Date of Disbursement 03 / 29 / 2007
	Amount of Each Disbursement this Period 125.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>C.</b> Full Name (Last, First, Middle Initial) Building and Construction Trades Department AFL-CIO Mailing Address 815 16th Street, NW, Suite 600 City Washington State DC Zip Code 20006 Purpose of Disbursement Check to M McCabe 3/29/07 Travel Exp Candidate Name	Transaction ID: SB21B.24536 Date of Disbursement 03 / 29 / 2007
	Amount of Each Disbursement this Period 125.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Building and Construction Trades Department AFL-CIO Mailing Address 815 16th Street, NW, Suite 600 City Washington State DC Zip Code 20006 Purpose of Disbursement Check to E Plander 3/29/07 Travel Exp Candidate Name	Transaction ID: SB21B.24538 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
	Amount of Each Disbursement this Period 125.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>B.</b> Full Name (Last, First, Middle Initial) Building and Construction Trades Dept AFL-CIO Mailing Address 815 16th Street, NW, Suite 600 City Washington State DC Zip Code 20006 Purpose of Disbursement Check to E Plander 03/22/07 Travel Exp Candidate Name	Transaction ID: SB21B.24529 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
	Amount of Each Disbursement this Period 600.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>C.</b> Full Name (Last, First, Middle Initial) PATRICK CALLAGHAN Mailing Address 36 CARDINAL LANE City NEWTON State NJ Zip Code 07860 Purpose of Disbursement Non Employee Compensation Candidate Name	Transaction ID: SB21B.22708 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1634.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

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

1634.16

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PATRICK CALLAGHAN	Transaction ID: SB21B.22727 Date of Disbursement 06 / 18 / 2007
	Mailing Address 36 CARDINAL LANE	Amount of Each Disbursement this Period 141.80
	City NEWTON State NJ Zip Code 07860	
	Purpose of Disbursement Non employee compensation Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) D.A. Gerson, CPA & Associates, P.C.	Transaction ID: SB21B.22168 Date of Disbursement 02 / 16 / 2007
	Mailing Address 16 Arcadian Avenue	Amount of Each Disbursement this Period 975.00
	City Paramus State NJ Zip Code 07652	
	Purpose of Disbursement Accounting Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) D.A. Gerson, CPA & Associates, P.C.	Transaction ID: SB21B.22683 Date of Disbursement 04 / 02 / 2007
	Mailing Address 16 Arcadian Avenue	Amount of Each Disbursement this Period 750.00
	City Paramus State NJ Zip Code 07652	
	Purpose of Disbursement Accounting fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1866.80
<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)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Federal Election Commission	Transaction ID: SB21B.22148 Date of Disbursement																			
	Mailing Address PO Box 979058	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	0	7												
	City St. Louis State MO Zip Code 63197	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fine	<table border="1"><tr><td>1200.00</td></tr></table>	1200.00																		
1200.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) KENNETH GALLO	Transaction ID: SB21B.22711 Date of Disbursement																			
	Mailing Address 61 HIGH MOUNT RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	0	7												
	City RINGWOOD State NJ Zip Code 07456	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Non employee compensation	<table border="1"><tr><td>1634.16</td></tr></table>	1634.16																		
1634.16																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) KENNETH GALLO	Transaction ID: SB21B.22729 Date of Disbursement																			
	Mailing Address 61 HIGH MOUNT RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	0	7												
	City RINGWOOD State NJ Zip Code 07456	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel expenses	<table border="1"><tr><td>141.80</td></tr></table>	141.80																		
141.80																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2975.96</td></tr></table>	2975.96
2975.96		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) D ROBERT GARRETSON	Transaction ID: SB21B.22178 Date of Disbursement 03 / 22 / 2007
	Mailing Address 18 SCOTT COURT	Amount of Each Disbursement this Period 600.00
	City RIDGEFIELD PARK State NJ Zip Code 07660	
	Purpose of Disbursement Travel expenses Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) D ROBERT GARRETSON	Transaction ID: SB21B.22187 Date of Disbursement 03 / 29 / 2007
	Mailing Address 18 SCOTT COURT	Amount of Each Disbursement this Period 930.29
	City RIDGEFIELD PARK State NJ Zip Code 07660	
	Purpose of Disbursement Travel Expenses Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) T PAUL LYNCH	Transaction ID: SB21B.22712 Date of Disbursement 06 / 01 / 2007
	Mailing Address 15 SUNSET PLAGE	Amount of Each Disbursement this Period 1634.16
	City BERGENFIELD State NJ Zip Code 07621	
	Purpose of Disbursement Non employee compensation Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3164.45</b>
<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 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) T PAUL LYNCH</p> <p>Mailing Address 15 SUNSET PLACE</p> <p>City BERGENFIELD State NJ Zip Code 07621</p> <p>Purpose of Disbursement Travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22728</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 146.80</p> <p>002 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL MCCABE, JR.</p> <p>Mailing Address 992 COOK AVENUE</p> <p>City OLD BRIDGE State NJ Zip Code 08879</p> <p>Purpose of Disbursement Travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22155</p> <p>Date of Disbursement 01 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>002 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL MCCABE</p> <p>Mailing Address 88 WEST 42ND STREET</p> <p>City BAYONNE State NJ Zip Code 07002</p> <p>Purpose of Disbursement Travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22159</p> <p>Date of Disbursement 02 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 277.09</p> <p>002 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	573.89
<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 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL MCCABE</p> <p>Mailing Address 88 WEST 42ND STREET</p> <p>City BAYONNE State NJ Zip Code 07002</p> <p>Purpose of Disbursement Travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22177</p> <p>Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>002 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL MCCABE</p> <p>Mailing Address 88 WEST 42ND STREET</p> <p>City BAYONNE State NJ Zip Code 07002</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22190</p> <p>Date of Disbursement 03 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 842.93</p> <p>002 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL MCCABE</p> <p>Mailing Address 88 WEST 42ND STREET</p> <p>City BAYONNE State NJ Zip Code 07002</p> <p>Purpose of Disbursement Travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22714</p> <p>Date of Disbursement 06 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 450.00</p> <p>002 Category/ Type</p>

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

1892.93

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Meadowlands Associates, Inc.	Transaction ID: SB21B.22687 Date of Disbursement
	Mailing Address 47 Cedar Street	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Jersey City State NJ Zip Code 07305	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing Candidate Name	<input type="text" value="75.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) THOMAS NAGELMEYER	Transaction ID: SB21B.22709 Date of Disbursement
	Mailing Address 20 SUMMIT DRIVE	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City WAYNE State NJ Zip Code 07470	Amount of Each Disbursement this Period
	Purpose of Disbursement Non employee compensation Candidate Name	<input type="text" value="1634.16"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) THOMAS NAGELMEYER	Transaction ID: SB21B.22724 Date of Disbursement
	Mailing Address 20 SUMMIT DRIVE	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City WAYNE State NJ Zip Code 07470	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel expenses Candidate Name	<input type="text" value="141.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1850.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>NEW JERSEY STATE AFL CIO</b>	<b>Transaction ID: SB21B.22184</b> Date of Disbursement 03 / 16 / 2007	
	Mailing Address 106 WEST STATE STREET		
	City TRENTON State NJ Zip Code 08608	Amount of Each Disbursement this Period	895.00
	Purpose of Disbursement Expenses	001	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>F EDWARD PLANDER</b>	<b>Transaction ID: SB21B.22179</b> Date of Disbursement 03 / 22 / 2007	
	Mailing Address 20 NORMANDY DR		
	City WAYNE State NJ Zip Code 07470	Amount of Each Disbursement this Period	600.00
	Purpose of Disbursement Travel expenses	002	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>F EDWARD PLANDER</b>	<b>Transaction ID: SB21B.22189</b> Date of Disbursement 03 / 29 / 2007	
	Mailing Address 20 NORMANDY DR		
	City WAYNE State NJ Zip Code 07470	Amount of Each Disbursement this Period	842.93
	Purpose of Disbursement Travel Expenses	002	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2337.93</b>
<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)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Royal Printing Service <hr/> Mailing Address P.O. Box 547 <hr/> City West New York State NJ Zip Code 07093 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22691 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 314.67
<b>B.</b>	Full Name (Last, First, Middle Initial) WARREN STELLA <hr/> Mailing Address 15 ARMINDA PLACE <hr/> City MIDLAND PARK State NJ Zip Code 07432 <hr/> Purpose of Disbursement Non employee compensation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22710 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1634.16
<b>C.</b>	Full Name (Last, First, Middle Initial) WARREN STELLA <hr/> Mailing Address 15 ARMINDA PLACE <hr/> City MIDLAND PARK State NJ Zip Code 07432 <hr/> Purpose of Disbursement Travel expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22725 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 141.80

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

2090.63

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) J MICHAEL STILES <hr/> Mailing Address 1008 MIZZEN AVENUE <hr/> City BEACHWOOD State NJ Zip Code 08722 <hr/> Purpose of Disbursement Travel expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22156 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 150.00
<b>B.</b>	Full Name (Last, First, Middle Initial) J MICHAEL STILES <hr/> Mailing Address 1008 MIZZEN AVENUE <hr/> City BEACHWOOD State NJ Zip Code 08722 <hr/> Purpose of Disbursement Travel expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22165 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 277.09
<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN WENDE <hr/> Mailing Address 353 MAPLE ST <hr/> City MOONACHIE State NJ Zip Code 07074 <hr/> Purpose of Disbursement Travel expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22154 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 150.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	577.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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)

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN WENDE

Mailing Address 353 MAPLE ST

City  
MOONACHIE

State  
NJ

Zip Code  
07074

Purpose of Disbursement  
Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.22713

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

450.00

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

450.00

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

19850.81



# 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 checked="" 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Nonfederal Affiliate Transfer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.22139 <b>Date of Disbursement:</b> 01 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1470.22</p> <p>008 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Nonfederal Affiliate Transfer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.22162 <b>Date of Disbursement:</b> 02 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1822.10</p> <p>008 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Nonfederal Affiliate Transfer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.22173 <b>Date of Disbursement:</b> 03 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1391.06</p> <p>012 Category/Type</p>

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

4683.38

**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 checked="" 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Nonfederal Affiliate Transfer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.22192 <b>Date of Disbursement:</b> 03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1359.80</p> <p>008 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Nonfederal Affiliate Transfer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.22696 <b>Date of Disbursement:</b> 05 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1516.56</p> <p>008 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Nonfederal Affiliate Transfer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.22715 <b>Date of Disbursement:</b> 06 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1659.80</p> <p>008 Category/Type</p>

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

4536.16

**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 checked="" 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE <hr/> Mailing Address 901 Massachusetts Avenue NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Transfer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.22137 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 735.11
<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE <hr/> Mailing Address 901 Massachusetts Avenue NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Transfer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.22160 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 911.05
<b>C.</b>	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE <hr/> Mailing Address 901 Massachusetts Avenue NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Transfer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.22172 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 695.53

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

**2341.69**

**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)

PAGE 36 / 50

<input type="checkbox"/> 21b	<input checked="" 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE <hr/> Mailing Address 901 Massachusetts Avenue NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Transfer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB22.22191 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	Amount of Each Disbursement this Period 679.90
<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE <hr/> Mailing Address 901 Massachusetts Avenue NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Transfer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB22.22695 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	Amount of Each Disbursement this Period 758.28
<b>C.</b>	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE <hr/> Mailing Address 901 Massachusetts Avenue NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Transfer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB22.22716 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	Amount of Each Disbursement this Period 829.90

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2268.08
<b>TOTAL</b> This Period (last page this line number only) .....	13829.31

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PASCRELL FOR CONGRESS INC.

Mailing Address 17 Vernon Court

City State Zip Code  
West Paterson NJ 07424

Purpose of Disbursement  
Tickets

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.22166

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

1200.00

**B.** Full Name (Last, First, Middle Initial)  
SIRES FOR CONGRESS

Mailing Address 6050 BOULEVARD EAST APT 6B

City State Zip Code  
WEST NEW YORK NJ 07093

Purpose of Disbursement  
Tickets

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.22170

Date of Disbursement

02 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

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

2200.00

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

2200.00

# 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)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bob Gordon for Assembly  Mailing Address 354 Plaza Road North  City Fair Lawn State NJ Zip Code 07410 Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22164 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7  Amount of Each Disbursement this Period 600.00  Category/Type 007
B.	Full Name (Last, First, Middle Initial) Bob Gordon for Assembly  Mailing Address 354 Plaza Road North  City Fair Lawn State NJ Zip Code 07410 Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22692 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7  Amount of Each Disbursement this Period 900.00  Category/Type 007
C.	Full Name (Last, First, Middle Initial) Comm to Re-Elect Fasolo/Mongelli  Mailing Address PO Box 582  City Elmwood Park State NJ Zip Code 07407 Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22193 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7  Amount of Each Disbursement this Period 550.00  Category/Type 007

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Comm to Re-Elect V. Prieto/Assembly</p> <p>Mailing Address 155 Polifly Road</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> SB29.22150 <b>Date of Disbursement</b> 01 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>007 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Comm to Re-Elect V. Prieto/Assembly</p> <p>Mailing Address 155 Polifly Road</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> SB29.22689 <b>Date of Disbursement</b> 04 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p>007 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dem Assembly Campaign Committee</p> <p>Mailing Address PO Box 3712</p> <p>City Trenton State NJ Zip Code 08629</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> SB29.22182 <b>Date of Disbursement</b> 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>007 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

3700.00

**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)

PAGE 40 / 50

<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

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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Election Fund of Joan Quigley  Mailing Address 384 Fairmount Avenue  City Jersey City State NJ Zip Code 07306 Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22176 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Election Fund of Joseph V Egan  Mailing Address 61 Ochs Avenue  City Milltown State NJ Zip Code 08850 Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22684 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Election Fund of Paul A. Sarlo  Mailing Address 9 Lincoln Avenue  City Rutherford State NJ Zip Code 07070 Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22174 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Election Fund of Thomas Giblin, Inc  Mailing Address P.O. Box 867  City West Caldwell State NJ Zip Code 07007-0867  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22722 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	Amount of Each Disbursement this Period  1000.00
B.	Full Name (Last, First, Middle Initial) Fred Scalera Campaign Committee  Mailing Address 47 Washington Avenue  City Nutley State NJ Zip Code 07110  Purpose of Disbursement Ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22726 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	Amount of Each Disbursement this Period  500.00
C.	Full Name (Last, First, Middle Initial) Friends of Joan Voss  Mailing Address P.O. Box 3172  City Fort Lee State NJ Zip Code 07024  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22152 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	Amount of Each Disbursement this Period  1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Pat LePore	Transaction ID: SB29.22180 Date of Disbursement																			
	Mailing Address P.O. Box 2200	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	7												
	City West Paterson State NJ Zip Code 07424	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tickets	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/Type	007																		
007																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Friends of Pat LePore	Transaction ID: SB29.22723 Date of Disbursement																			
	Mailing Address P.O. Box 2200	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	0	7												
	City West Paterson State NJ Zip Code 07424	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tickets	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/Type	007																		
007																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Friends of Speziale	Transaction ID: SB29.22142 Date of Disbursement																			
	Mailing Address c/o Ray Ferraioli P.O. Box 194	<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>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	3		2	0	0	7												
	City Hawthorne State NJ Zip Code 07507	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tickets	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/Type	007																		
007																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1400.00</td></tr></table>	1400.00
1400.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Friends of Speziale

Transaction ID: SB29.22693  
Date of Disbursement

Mailing Address c/o Ray Ferraioli  
P.O. Box 194

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	7

City Hawthorne State NJ Zip Code 07507

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Tickets

007
-----

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Healy for Mayor 2009

Transaction ID: SB29.22163  
Date of Disbursement

Mailing Address 14 Oakdale Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	7

City Jersey City State NJ Zip Code 07305

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Tickets

007
-----

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Hudson County Democratic Organization

Transaction ID: SB29.22688  
Date of Disbursement

Mailing Address P.O. Box 8177

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	7

City Jersey City State NJ Zip Code 07308

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Tickets

007
-----

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3750.00

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Hudson County Democratic Organization	Transaction ID: SB29.22703 Date of Disbursement																			
	Mailing Address P.O. Box 8177	<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>5</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	2	/	2	0	0	7												
	City Jersey City State NJ Zip Code 07308	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>012</td></tr><tr><td>Category/ Type</td></tr></table>	012	Category/ Type																	
012																					
Category/ Type																					

B.	Full Name (Last, First, Middle Initial) JCDC	Transaction ID: SB29.22720 Date of Disbursement																			
	Mailing Address 74 Oakland 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>5</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	2	/	2	0	0	7												
	City Jersey City State NJ Zip Code 07308	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>012</td></tr><tr><td>Category/ Type</td></tr></table>	012	Category/ Type																	
012																					
Category/ Type																					

C.	Full Name (Last, First, Middle Initial) Littell for Senate	Transaction ID: SB29.22143 Date of Disbursement																			
	Mailing Address PO Box 328	<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>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	5	/	2	0	0	7												
	City Franklin State NJ Zip Code 07416	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tickets Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>007</td></tr><tr><td>Category/ Type</td></tr></table>	007	Category/ Type																	
007																					
Category/ Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MAC PAC</p> <p>Mailing Address c/o IBEW Local 164 205 Robin Road</p> <p>City Paramus State NJ Zip Code 07652</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.22158</p> <p>Date of Disbursement 01 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 7200.00</p> <p>012 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Manzo For Assembly</p> <p>Mailing Address P.O. Box 3945</p> <p>City Jersey City State NJ Zip Code 07303-3945</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.22175</p> <p>Date of Disbursement 03 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>007 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MCANJ Political Action Committee</p> <p>Mailing Address 211 Mountain Avenue</p> <p>City Springfield State NJ Zip Code 07081-0390</p> <p>Purpose of Disbursement Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.22719</p> <p>Date of Disbursement 06 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>004 Category/Type</p>

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

8700.00

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Menendez for Senate  Mailing Address 1100 Valley Brook Ave  City Lyndhurst State NJ Zip Code 07071  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.22185 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	Amount of Each Disbursement this Period  2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Morris County Democratic Committee  Mailing Address P.O. Box 70  City Mount Tabor State NJ Zip Code 07878  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.22169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	Amount of Each Disbursement this Period  200.00
<b>C.</b>	Full Name (Last, First, Middle Initial) NEW JERSEY STATE AFL CIO  Mailing Address 106 WEST STATE STREET  City TRENTON State NJ Zip Code 08608  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.22697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7	Amount of Each Disbursement this Period  1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>3200.00</b>	
<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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) North Bergen Democratic Municipal Committee	Transaction ID: SB29.22167 Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
	Mailing Address 7202 Hudson Avenue	Amount of Each Disbursement this Period 825.00
	City North Bergen State NJ Zip Code 07047	
	Purpose of Disbursement Tickets Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) North Bergen Democratic Municipal Committee	Transaction ID: SB29.22171 Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
	Mailing Address 7202 Hudson Avenue	Amount of Each Disbursement this Period 275.00
	City North Bergen State NJ Zip Code 07047	
	Purpose of Disbursement Ticket Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Northeast Bergen Citizen Action	Transaction ID: SB29.22145 Date of Disbursement MM / DD / YYYY 01 / 10 / 2007
	Mailing Address 37A Park Street	Amount of Each Disbursement this Period 500.00
	City Demarest State NJ Zip Code 07627	
	Purpose of Disbursement Tickets Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1600.00
<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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Oroho for Senate  Mailing Address PO Box 249  City Franklin State NJ Zip Code 07416  Purpose of Disbursement Ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22706 Date of Disbursement 05 / 22 / 2007  Amount of Each Disbursement this Period 150.00  007 Category/Type
B.	Full Name (Last, First, Middle Initial) Paramus Democratic Organization  Mailing Address c/o Lou Romano 585 Mazur Avenue  City Paramus State NJ Zip Code 07652  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22141 Date of Disbursement 01 / 03 / 2007  Amount of Each Disbursement this Period 2000.00  007 Category/Type
C.	Full Name (Last, First, Middle Initial) Passaic County Democratic Committee  Mailing Address P.O. Box 568  City West Paterson State NJ Zip Code 07424  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.22140 Date of Disbursement 01 / 03 / 2007  Amount of Each Disbursement this Period 1000.00  007 Category/Type

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

3150.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Steele for Assembly	Transaction ID: SB29.22686 Date of Disbursement 04 / 11 / 2007
	Mailing Address c/o Laurie McGahn 155 Polifly Road, Suite 103	Amount of Each Disbursement this Period 300.00
	City Hackensack State NJ Zip Code 07601	
	Purpose of Disbursement Contribution Candidate Name	012 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sweeney For Freeholder	Transaction ID: SB29.22181 Date of Disbursement 03 / 16 / 2007
	Mailing Address 300 North Marion Avenue	Amount of Each Disbursement this Period 2000.00
	City Wenonah State NJ Zip Code 08090	
	Purpose of Disbursement Tickets Candidate Name	007 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) West Paterson Dem for Council 2007	Transaction ID: SB29.22704 Date of Disbursement 05 / 22 / 2007
	Mailing Address PO Box 2200	Amount of Each Disbursement this Period 300.00
	City West Paterson State NJ Zip Code 07424	
	Purpose of Disbursement Contribution Candidate Name	012 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2600.00
<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)

PAGE 50 / 50

<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)

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

West Paterson Democratic Organization

Mailing Address P.O. Box 2200

City State Zip Code  
West Paterson NJ 07424

Purpose of Disbursement  
Tickets

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.22153

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

260.00

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

260.00

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

42910.00