

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
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 500 Greenwich Street
New York NY 10013
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00169490
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2009 through 06 30 2009

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 Frederick Buckheit

Signature of Treasurer Electronically Filed by Frederick Buckheit Date 07 21 2009

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

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

A. Form/Schedule : **F3XN**

All unitemized contributions are under the \$200.00 dollar annual threshold

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		563346.41
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	563346.41									
(c) Total Receipts (from Line 19)	85912.86	85912.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	649259.27	649259.27								
7. Total Disbursements (from Line 31)	92650.00	92650.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	556609.27	556609.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	85912.86	85912.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	85912.86	85912.86
(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)	85912.86	85912.86
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	85912.86	85912.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	85912.86	85912.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7260.00	7260.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7260.00	7260.00
22. Transfers to Affiliated/Other Party Committees.....	13400.00	13400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	71990.00	71990.00
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))..	92650.00	92650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92650.00	92650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	85912.86	85912.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85912.86	85912.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7260.00	7260.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7260.00	7260.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Realty 28 <hr/> Mailing Address 500 Greenwich St. <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Rent Feb. & March Candidate Name Category/Type <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.4521 Date of Disbursement 03 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 870.00
B.	Full Name (Last, First, Middle Initial) Realty 28 <hr/> Mailing Address 500 Greenwich St. <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement RENT Candidate Name Category/Type <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.4543 Date of Disbursement 04 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 435.00
C.	Full Name (Last, First, Middle Initial) Realty 28 <hr/> Mailing Address 500 Greenwich St. <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Rent June 2009 Candidate Name Category/Type <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.4662 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 435.00

SUBTOTAL of Disbursements This Page (optional) ▶

1740.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) 28 Realty Inc. Mailing Address 500 Greenwich Street City New York State NY Zip Code 10013 Purpose of Disbursement Rent 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: SB21B.4441 Date of Disbursement 01 / 22 / 2009	Amount of Each Disbursement this Period 435.00
B.	Full Name (Last, First, Middle Initial) 28 Realty Inc. Mailing Address 500 Greenwich Street City New York State NY Zip Code 10013 Purpose of Disbursement Rent 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: SB21B.4588 Date of Disbursement 05 / 14 / 2009	Amount of Each Disbursement this Period 435.00
C.	Full Name (Last, First, Middle Initial) Coach USA Mailing Address 160 S. Route 17 North City Paramus State NJ Zip Code 07652 Purpose of Disbursement Charter Bus legislative trip 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: SB21B.4452 Date of Disbursement 02 / 20 / 2009	Amount of Each Disbursement this Period 1650.00

SUBTOTAL of Disbursements This Page (optional)	2520.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Wagner & Zwerman, LLP <hr/> Mailing Address 450 Wireless Blvd. <hr/> City Hauppauge State NY Zip Code 10013 <hr/> Purpose of Disbursement Accounting Fee 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.4445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Wagner & Zwerman, LLP <hr/> Mailing Address 450 Wireless Blvd. <hr/> City Hauppauge State NY Zip Code 10013 <hr/> Purpose of Disbursement Accounting Fee 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.4643 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Wagner & Zwerman, LLP. <hr/> Mailing Address 450 Wireless Blvd <hr/> City Hauppauge State NY Zip Code 11788 <hr/> Purpose of Disbursement Accounting Fee 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.4434 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Wagner & Zwerman, LLP.

Mailing Address 450 Wireless Blvd

City Hauppauge State NY Zip Code 11788

Purpose of Disbursement Accounting Fees

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.4561

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Wagner & Zwerman, LLP.

Mailing Address 450 Wireless Blvd

City Hauppauge State NY Zip Code 11788

Purpose of Disbursement Accounting Fee

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.4582

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

7260.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SMWIA Political Action League Mailing Address 1750 New York Avenue, NW City Washington State DC Zip Code 20006 Purpose of Disbursement Various 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: SB22.4455 Date of Disbursement 02 / 18 / 2009	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) SMWIA Political Action League Mailing Address 1750 New York Avenue, NW City Washington State DC Zip Code 20006 Purpose of Disbursement Various 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: SB22.4496 Date of Disbursement 03 / 05 / 2009	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) SMWIA Political Action League Mailing Address 1750 New York Avenue, NW City Washington State DC Zip Code 20006 Purpose of Disbursement Various 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: SB22.4516 Date of Disbursement 03 / 17 / 2009	Amount of Each Disbursement this Period 2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

5900.00

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 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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SMWIA Political Action League Mailing Address 1750 New York Avenue, NW City Washington State DC Zip Code 20006 Purpose of Disbursement Various 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: SB22.4524 Date of Disbursement 04 / 01 / 2009	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) SMWIA Political Action League Mailing Address 1750 New York Avenue, NW City Washington State DC Zip Code 20006 Purpose of Disbursement General Pres. Club Membership - Various 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: SB22.4583 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) SMWIA Political Action League Mailing Address 1750 New York Avenue, NW City Washington State DC Zip Code 20006 Purpose of Disbursement Various 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: SB22.4650 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SMWIA Political Action League

Transaction ID: SB22.4653

Date of Disbursement

Mailing Address 1750 New York Avenue, NW

^M 0	^M 6	/	^D 1	^D 1	/	^Y 2	^Y 0	^Y 0	^Y 9
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City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

13400.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Abbate for Assembly	Transaction ID: SB29.4503 Date of Disbursement
	Mailing Address P.O. Box 280235	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Brooklyn State NY Zip Code 11228	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Peter J. Abbate	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alessi for Assembly	Transaction ID: SB29.4449 Date of Disbursement
	Mailing Address P.O. Box 775	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Manorville State NY Zip Code 11949	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="300.00"/>
	Candidate Name Marc Alessi	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andrew Cuomo 2010	Transaction ID: SB29.4535 Date of Disbursement
	Mailing Address P.O. Box 683 Church Street Sta.	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10008	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Andrew Cuomo	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Andrew Cuomo 2010</p> <p>Mailing Address P.O. Box 683 Church Street Sta.</p> <p>City New York State NY Zip Code 10008</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Andrew Cuomo</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4589</p> <p>Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) for Staten Island Andrew Lanza</p> <p>Mailing Address PO Box 352</p> <p>City Staten Island State NY Zip Code 10308</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Andrew Lanza for Staten Island</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4443</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Arroyo 2009</p> <p>Mailing Address 895 Broadway C/o Mirram Group</p> <p>City New York State NY Zip Code 10013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Hon. Maria del Carmen Arroyo</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4436</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2350.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bronx Democratic County Committee Mailing Address 1640 Eastchester Road City Bronx State NY Zip Code 10461 Purpose of Disbursement Contribution Candidate Name Bronx Democratic County Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4525 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Citizens for Dilan Mailing Address P.O. Box 370-0551 City Brooklyn State NY Zip Code 11237 Purpose of Disbursement Contribution Candidate Name Martin Malave Dilan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4484 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 600.00
C.	Full Name (Last, First, Middle Initial) Citizens for Joseph Robach Mailing Address 24 Boyd Drive City Rochester State NY Zip Code 14616 Purpose of Disbursement Contribution Candidate Name Joseph Robach Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4478 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Citizens for Lentol <hr/> Mailing Address 112 Bedford Ave <hr/> City Brooklyn State NY Zip Code 11211 <hr/> Purpose of Disbursement Contribution Contribution 011 Candidate Name Joseph R. Lentol Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4646 Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Citizens for Sam Hoyt <hr/> Mailing Address P.O. Box 855 <hr/> City Buffalo State NY Zip Code 14205 <hr/> Purpose of Disbursement Contribution Contribution 011 Candidate Name Sam Hoyt Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4562 Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Citizens for Sam Hoyt <hr/> Mailing Address P.O. Box 855 <hr/> City Buffalo State NY Zip Code 14205 <hr/> Purpose of Disbursement Contribution Contribution 011 Candidate Name Sam Hoyt Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4657 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional) ▶

1400.00

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)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Crowley 09	Transaction ID: SB29.4545 Date of Disbursement 04 / 24 / 2009
	Mailing Address 78-27 84th Street	Amount of Each Disbursement this Period 250.00
	City Glendale State NY Zip Code 11385	
	Purpose of Disbursement contribution Candidate Name Elizabeth Crowley	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cusick for Assembly	Transaction ID: SB29.4474 Date of Disbursement 02 / 20 / 2009
	Mailing Address 94 Benedict Avenue	Amount of Each Disbursement this Period 250.00
	City Staten Island State NY Zip Code 10314	
	Purpose of Disbursement Contribution Candidate Name Mike Cusick	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cusick for Assembly	Transaction ID: SB29.4652 Date of Disbursement 06 / 11 / 2009
	Mailing Address 94 Benedict Avenue	Amount of Each Disbursement this Period 150.00
	City Staten Island State NY Zip Code 10314	
	Purpose of Disbursement Contribution Candidate Name Mike Cusick	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	650.00
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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Democratic Assembly Campaign Fund <hr/> Mailing Address 107 Washington Ave. Suite 1LL <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Contribution Candidate Name Democratic Assembly Campaign Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4487 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Democratic Assembly Campaign Fund <hr/> Mailing Address 107 Washington Ave. Suite 1LL <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4581 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Democratic Assembly Campaign Fund <hr/> Mailing Address 107 Washington Ave. Suite 1LL <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4649 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Democratic County Committee <hr/> Mailing Address 126 Bennett Street <hr/> City Staten Island State NY Zip Code 10302 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4591 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period 350.00
B.	Full Name (Last, First, Middle Initial) DIAZ 2009 <hr/> Mailing Address 820 Boynton Avenue 9G <hr/> City Bronx State NY Zip Code 10473 <hr/> Purpose of Disbursement Contribution Candidate Name Ruben Diaz, Jr. <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4556 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Dinapoli 2010 <hr/> Mailing Address 928 Broadway Suite 505 <hr/> City New York State NY Zip Code 10010 <hr/> Purpose of Disbursement Contribution - Candidate NYS Comptroller Candidate Name Thomas P. DiNapoli <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4640 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	3350.00
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 22 / 41

<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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Eric Gioia for New York Mailing Address P.O. Box 770808 City Woodside State NY Zip Code 11377 Purpose of Disbursement Contribution Candidate Name Eric Gioia Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4502 Date of Disbursement 03 / 05 / 2009	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Foley for Senate Mailing Address P.O. Box 214 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Contribution Candidate Name Brian X. Foley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4458 Date of Disbursement 02 / 18 / 2009	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Foley for Senate Mailing Address P.O. Box 214 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Contribution Candidate Name Brian Foley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4651 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Fushillo Friends for	Transaction ID: SB29.4460 Date of Disbursement
	Mailing Address PO BOX 336	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Merrick State NM Zip Code 11566	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="400.00"/>
	Candidate Name Charles Fuschillo, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends for Debra Markell	Transaction ID: SB29.4504 Date of Disbursement
	Mailing Address P.O. Box 545006	<input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Whitestone State NY Zip Code 11357	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Debra Markell	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends for Debra Markell	Transaction ID: SB29.4655 Date of Disbursement
	Mailing Address P.O. Box 545006	<input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Whitestone State NY Zip Code 11357	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="150.00"/>
	Candidate Name Debra m Markell	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dean Skelos Friends for the Election of

Mailing Address 31 Roxen Road

City State Zip Code
Rockville Centre NY 11570

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Dean Skelos

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: SB29.4435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Friends for the Election of Dean G. Skelos

Mailing Address 31 Roxen Road

City State Zip Code
Rockville Centre NY 11570

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Dean Skelos

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: SB29.4727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Susan John Friends of

Mailing Address c/o Patty Reepka
17 Valley Green Drive

City State Zip Code
Penfield NY 14526

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Susan John

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: SB29.4465

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Friends of Andrea Stewart Cousins</p> <p>Mailing Address P.O. Box 1107</p> <p>City Yonkers State NY Zip Code 10702</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Andrea Stewart-Cousins</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4473</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	0	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	0	/	2	0	0	9													
500.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends of Assemblyman Jose Rivera</p> <p>Mailing Address 647 East 180th Street #2E</p> <p>City bRONX State NY Zip Code 10457</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jose Rivera</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4584</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	0	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	2	0	/	2	0	0	9													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends of Aubertine</p> <p>Mailing Address C/o DSCC 107 Washington Avenue</p> <p>City Albany State NY Zip Code 12210</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Darrel Aubertine</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4475</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	0	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	0	/	2	0	0	9													
500.00																						

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Bill Perkins	Transaction ID: SB29.4551 Date of Disbursement
	Mailing Address P.O. Box 1355	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10026	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Bill Perkins	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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 Bill Stachowski	Transaction ID: SB29.4442 Date of Disbursement
	Mailing Address 2030 Clinton Street	<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Buffalo State NY Zip Code 14206	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="600.00"/>
	Candidate Name Friends of Bill Stachowski	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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 Brian Beedenbender	Transaction ID: SB29.4638 Date of Disbursement
	Mailing Address P.O. Box 665	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="450.00"/>
	Candidate Name Brian Beedenbender	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Carl	Transaction ID: SB29.4469 Date of Disbursement
	Mailing Address P.O. Box 290-401	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Brooklyn State NY Zip Code 11229	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="750.00"/>
	Candidate Name Kruger Carl	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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 Catherine Nolan	Transaction ID: SB29.4550 Date of Disbursement
	Mailing Address P.O. Box 640698	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Oakland Gardens State NY Zip Code 11364	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Catherine Nolan	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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 Denise Ford	Transaction ID: SB29.4658 Date of Disbursement
	Mailing Address 443 West Olive Street	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Long Beach State NY Zip Code 11561	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1125.00"/>
	Candidate Name Denise Ford	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2375.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Frank P. Petrone	Transaction ID: SB29.4466 Date of Disbursement
	Mailing Address P.O. Box 1447	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City: Huntington State: NY Zip Code: 11743	Amount of Each Disbursement this Period
	Purpose of Disbursement: Contribution	<input type="text" value="250.00"/>
	Candidate Name: Frank Petrone	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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 Gene Parrington	Transaction ID: SB29.4491 Date of Disbursement
	Mailing Address P.O. Box 203	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City: Brightwaters State: NY Zip Code: 11718	Amount of Each Disbursement this Period
	Purpose of Disbursement: Contribution	<input type="text" value="125.00"/>
	Candidate Name: Gene Parrington	<input type="text" value="011"/> 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) Friends of Kathleen Rice	Transaction ID: SB29.4422 Date of Disbursement
	Mailing Address P.O. Box 744	<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City: Mineola State: NY Zip Code: 11501	Amount of Each Disbursement this Period
	Purpose of Disbursement: Contribution	<input type="text" value="1000.00"/>
	Candidate Name: Kathleen Rice	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1375.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Friends of Kathleen Rice</p> <p>Mailing Address P.O. Box 744</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Kathleen Rice</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4726 Date of Disbursement <table border="1" style="width: 100%;"> <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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	9													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends of Keith Wright</p> <p>Mailing Address C/o Jeanine Johnson 103 East 125th Street, 1102</p> <p>City New York State NY Zip Code 10035</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Keith Wright</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4580 Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	1		2	0	0	9													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends of Mark Cuthbertson</p> <p>Mailing Address P.O. Box 7</p> <p>City Centerport State NY Zip Code 11721</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mark Cuthbertson</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4499 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	5		2	0	0	9													
250.00																						

SUBTOTAL of Disbursements This Page (optional) ►

3250.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 41

<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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Mike Gianaris Mailing Address 38-11 Ditmars Blvd. City New York State NY Zip Code 11105 Purpose of Disbursement Contribution Candidate Name Mike Gianaris Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4558 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Richard Brodsky Mailing Address 2121 Saw Mill River Road City White Plains State NY Zip Code 10607 Purpose of Disbursement Contribution Candidate Name Richard Brodsky Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4510 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Friends of Steve Levy Mailing Address P.O. Box 762 City Deer Park State NY Zip Code 11729 Purpose of Disbursement Contribution Candidate Name Steve Levy Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4571 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Friends of Toby Stavinsky</p> <p>Mailing Address P.O. Box 54-1547</p> <p>City Flushing State NY Zip Code 11354</p> <p>Purpose of Disbursement Contribution <input type="text" value="011"/> Category/Type</p> <p>Candidate Name Toby Stavinsky</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4515 Date of Disbursement: 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period: 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Toby Stavinsky</p> <p>Mailing Address P.O. Box 54-1547</p> <p>City Flushing State NY Zip Code 11354</p> <p>Purpose of Disbursement Contribution <input type="text" value="011"/> Category/Type</p> <p>Candidate Name Toby Stavinsky</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4532 Date of Disbursement: 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period: 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Tom Suozzi</p> <p>Mailing Address P.O. Box 112</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement Contribution <input type="text" value="011"/> Category/Type</p> <p>Candidate Name Thomas Suozzi</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4430 Date of Disbursement: 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period: 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Gennaro for New York <hr/> Mailing Address P.O. Box 660012 <hr/> City Fresh Meadows State NY Zip Code 11366 <hr/> Purpose of Disbursement Contribution Candidate Name James F. Gennaro <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4554 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Gulluscio 2009 <hr/> Mailing Address P.O. Box 5449 <hr/> City New York State NY Zip Code 10163 <hr/> Purpose of Disbursement Contribution Candidate Name Frank Gulluscio <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4722 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lesko for Supervisor <hr/> Mailing Address P.O. Box 324 <hr/> City Farmingville State NY Zip Code 11738 <hr/> Purpose of Disbursement Contribution Candidate Name Mark Lesko <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4513 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 300.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lesko for Supervisor	Transaction ID: SB29.4570 Date of Disbursement
	Mailing Address P.O. Box 324	<input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Mark Lesko	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) for New York Malcolm A. Smith	Transaction ID: SB29.4472 Date of Disbursement
	Mailing Address 41 Union Sq. West Ste. 818	<input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City New York State NY Zip Code 10003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Malcolm Smith	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mark Weprin for Council	Transaction ID: SB29.4659 Date of Disbursement
	Mailing Address 264-46 73rd Avenue	<input type="text" value="06"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Glen Oaks State NY Zip Code 11004	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution candidate NYC Council	<input type="text" value="250.00"/>
	Candidate Name Mark Weprin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Marshall for Queens <hr/> Mailing Address 25-74 98 th Street <hr/> City East Elmhurst State NY Zip Code 11369 <hr/> Purpose of Disbursement Contribution Contribution 011 Candidate Name Helen Marshall Category/Type <hr/> 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: NY District:	Transaction ID: SB29.4536 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Michael Cohen, 2009 <hr/> Mailing Address 115 West 30th Street Suite1213 <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Contribution Contribution 011 Candidate Name Michael Cohen, 2009 Category/Type <hr/> 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: NY District:	Transaction ID: SB29.4456 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) New Yorkers for Klein <hr/> Mailing Address 620 Lexington Ave C/o The Esler Group <hr/> City New York State NY Zip Code 10170 <hr/> Purpose of Disbursement Contribution Contribution 011 Candidate Name Jeff Klein Category/Type <hr/> 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: NY District:	Transaction ID: SB29.4429 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 35 / 41

<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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) New Yorkers for Klein <hr/> Mailing Address 620 Lexington Ave C/o The Esler Group <hr/> City New York State NY Zip Code 10170 <hr/> Purpose of Disbursement Contribution 011 Candidate Name Jeff Klein <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4721 Date of Disbursement 06 / 25 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">8400.00</div>
B.	Full Name (Last, First, Middle Initial) New York Senate Campaign Committee <hr/> Mailing Address 107 Washington Ave. <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Contribution 011 Candidate Name New York Senate Campaign Committee <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: SB29.4438 Date of Disbursement 01 / 12 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">3000.00</div>
C.	Full Name (Last, First, Middle Initial) NYS Democratic Senate Campaign Committee <hr/> Mailing Address 107 Washington Avenue 2nd Floor <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Contribution - VARIOUS 011 Candidate Name NYS Senate Campaign Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4555 Date of Disbursement 04 / 24 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶

13400.00

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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) People for Leroy Comrie <hr/> Mailing Address P.O. Box 640698 <hr/> City Oakland Gardens State NY Zip Code 11364 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Leroy Comrie <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4577 Date of Disbursement <input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type
	Disbursement For:
B. Full Name (Last, First, Middle Initial) Re-Elect Councilman Ken Mitchell <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10013 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Ken Mitchell <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4644 Date of Disbursement <input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type
	Disbursement For:
C. Full Name (Last, First, Middle Initial) Re-Elect Diana Reyna 2009 <hr/> Mailing Address 366 South 2nd Street Apt 6-C <hr/> City Brooklyn State NY Zip Code 11211 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Diana Reyna <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4539 Date of Disbursement <input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type
	Disbursement For:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ridgewood Democratic Club Inc. <hr/> Mailing Address 60-70 Putnam Ave <hr/> City Ridgewood State NY Zip Code 11385 <hr/> Purpose of Disbursement Contribution Ridgewood Democratic Club <hr/> Candidate Name Ridgewood Democratic Club <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4590 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Rivera Council 2009 <hr/> Mailing Address P.O. Box 452 <hr/> City Bronx State NY Zip Code 10467 <hr/> Purpose of Disbursement Contribution Rivera Council 2009 <hr/> Candidate Name Joel Rivera <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Ruben Diaz for State Senate Committee <hr/> Mailing Address P.O. Box 229 <hr/> City Bronx State NY Zip Code 10460 <hr/> Purpose of Disbursement Contribution Ruben Diaz <hr/> Candidate Name Ruben Diaz <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4463 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Savino for New York <hr/> Mailing Address 481 Eighth Avenue <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Contribution Candidate Name Diane Savino <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4520 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) for State Senate Shirley Huntley <hr/> Mailing Address c/o DSCC 107 Wash.Ave.2nd Fl <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Contribution Candidate Name Shirley Huntley <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4519 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Stringer 2009 <hr/> Mailing Address 895 Broadway 5th Floor <hr/> City New York State NY Zip Code 10003 <hr/> Purpose of Disbursement Contribution Candidate Name Scott Stringer <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4528 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Suffolk County Campaign Committee for a Democratic Legislature Mailing Address P.O. Box 163 City Holbrook State NY Zip Code 11741 Purpose of Disbursement Contribution Candidate Name Suffolk County Campaign Committee for a Democratic Legislature Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Transaction ID: SB29.4451 Date of Disbursement 02 / 17 / 2009	Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Supporters of Antoine M. Thompson Mailing Address P.O. Box 714 City Buffalo State NY Zip Code 14201 Purpose of Disbursement Contribution Candidate Name Antoine M Thompson Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Transaction ID: SB29.4461 Date of Disbursement 02 / 18 / 2009	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Supporters of Antoine M. Thompson Mailing Address P.O. Box 714 City Buffalo State NY Zip Code 14201 Purpose of Disbursement contribution Candidate Name Antoine M Thompson Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Transaction ID: SB29.4661 Date of Disbursement 06 / 24 / 2009	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) The Committee to Re-Elect George Onorato</p> <p>Mailing Address C/O Joseph Risi, Jr. 23-19 31st Street</p> <p>City Astoria State NY Zip Code 11105</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name George Onorato</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4464</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	1	8	/	2	0	0	9												
<p>B. Full Name (Last, First, Middle Initial) Tony Avello 2009</p> <p>Mailing Address P.O. Box 270052</p> <p>City Whitestone State NY Zip Code 11357</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tony Avello</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4433</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	8	/	2	0	0	9												
<p>C. Full Name (Last, First, Middle Initial) Town of Babylon Democratic Committee</p> <p>Mailing Address P.O. Box 48</p> <p>City Babylon State NY Zip Code 11702</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Town of Babylon Democratic Committee</p> <p>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) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: SB29.4439</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">850.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	0	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	0	/	2	0	0	9												

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">1850.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 41

<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)

SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 28 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Vacca 2009 <hr/> Mailing Address P.O. Box 562 <hr/> City Bronx State NY Zip Code 10461 <hr/> Purpose of Disbursement Contribution Candidate Name James Vacca <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4426 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Vacca 2009 <hr/> Mailing Address P.O. Box 562 <hr/> City Bronx State NY Zip Code 10461 <hr/> Purpose of Disbursement Contribution Candidate Name James Vacca <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4488 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

69100.00