

**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 linesUnited Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

ADDRESS (number and street)

534 S Route 73, PO Box 73

☐Check if different  
than previously  
reported. (ACC)

Winslow

NJ

08095

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00173419

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

04

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

Thomas Page

Signature of Treasurer

Electronically Filed by Thomas Page

Date

07

08

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

A. Form/Schedule : **F3XN**  
Transaction ID :

Unitemized contributions are received from various members of Local 322. No individuals made contributions that in the aggregate exceed the unitemized threshold.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 28

Write or Type Committee Name

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		154171.13
(b) Cash on Hand at Beginning of Reporting Period .....	174958.45	
(c) Total Receipts (from Line 19) .....	85136.80	161652.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	260095.25	315823.17
7. Total Disbursements (from Line 31) .....	98582.05	154309.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	161513.20	161513.20
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 28

Write or Type Committee Name

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y W Y  
2 0 0 9

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	85136.80	161652.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	85136.80	161652.04
(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) .....	85136.80	161652.04
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)) .....	85136.80	161652.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	85136.80	161652.04

## DETAILED SUMMARY PAGE

of Disbursements

5 / 28

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.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
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.....	98582.05	154309.97	
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))..	98582.05	154309.97	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98582.05	154309.97	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 28

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) .....	85136.80	161652.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85136.80	161652.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **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)

PAGE 7 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Albano for Assembly	<b>Transaction ID:</b> SB29.6650 <b>Date of Disbursement</b>																				
Mailing Address PO Box 941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	9												
City State Zip Code Cape May CT NJ 08210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB29.6738 <b>Date of Disbursement</b>																				
Mailing Address 60 Massachusetts Avenue, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
City State Zip Code Washington DC 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel to Washington DC Conference	<table border="1"> <tr> <td>396.00</td> </tr> </table>	396.00																			
396.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Atlantic County Democratic Committee	<b>Transaction ID:</b> SB29.6691 <b>Date of Disbursement</b>																				
Mailing Address PO Box 589	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	9												
City State Zip Code Pomona NJ 08240	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				

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

11000.00

**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 8 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Harold Batdorf	<b>Transaction ID:</b> SB29.6671 <b>Date of Disbursement</b>
Mailing Address 534 S Route 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem - National Legislative Conference	<div>450.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Harold Batdorf	<b>Transaction ID:</b> SB29.6717 <b>Date of Disbursement</b>
Mailing Address 534 S Route 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem-NJ AFL-CIO Conference	<div>200.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Beacon Hotel	<b>Transaction ID:</b> SB29.6739 <b>Date of Disbursement</b>
Mailing Address 1615 Rhode Island Ave NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Hotel-Washington DC Building & Constucion Legislative Conf	<div>1878.80</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  <b>[MEMO ITEM]</b>

**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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Bernard for Freeholder	<b>Transaction ID:</b> SB29.6680 <b>Date of Disbursement</b>																				
Mailing Address PO Box 428	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	9												
City Mt Holly State NJ Zip Code 08060	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Booker Team for Newark	<b>Transaction ID:</b> SB29.6742 <b>Date of Disbursement</b>																				
Mailing Address PO Box 200334 Riverfront Station	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
City Newark State NJ Zip Code 07102	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Michael W Bradel	<b>Transaction ID:</b> SB29.6724 <b>Date of Disbursement</b>																				
Mailing Address 112 Washington Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Audubon State NJ Zip Code 08106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem-NJ AFL-CIO Conference	<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

5700.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.

Full Name (Last, First, Middle Initial)

David Bruce

Mailing Address 534 S Route 73

City  
Winslow

State  
NJ

Zip Code  
08095

Purpose of Disbursement  
Per Diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6735

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

671.52

B.

Full Name (Last, First, Middle Initial)

Burlington County Democratic Committee

Mailing Address PO Box 428

City  
Mt Holly

State  
NJ

Zip Code  
08060

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6690

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Camden County Democrat Committee

Mailing Address 2240 - 15 Route 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6649

Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

10000.00

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

13171.52

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 11 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Ryan A. Citrino Mailing Address 534 S Route 73	<b>Transaction ID:</b> SB29.6732 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095 Purpose of Disbursement Per Diem Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>671.52</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Collins for Assembly Mailing Address 706 Linda Avenue City Blackwood State NJ Zip Code 08012 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB29.6678 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Anna Docimo Mailing Address Po Box 368 City West Deptford State NJ Zip Code 08086 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB29.6661 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1200.00</div>

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

**2871.52**

**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 12 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Don Purdy

Mailing Address PO Box 296

City  
Oceanville

State  
NJ

Zip Code  
08231

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6688

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Fran Shields

Mailing Address 324 Chestnut Street

City  
Philadelphia

State  
PA

Zip Code  
19106

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6640

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Conaway for Assembly

Mailing Address 45 Essex Street Suite 108

City  
Hackensack

State  
NJ

Zip Code  
07601

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6642

Date of Disbursement

/   /

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)

PAGE 13 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Conaway for Assembly	<b>Transaction ID:</b> SB29.6668 <b>Date of Disbursement</b>
Mailing Address 45 Essex Street Suite 108	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div>
City Hackensack State NJ Zip Code 07601 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>500.00</div>
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) ▼	<div> <div>011</div> <div>Category/Type</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Corzine '09 Inc. General	<b>Transaction ID:</b> SB29.6684 <b>Date of Disbursement</b>
Mailing Address 196 W. State Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City Trenton State NJ Zip Code 08608 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>3400.00</div>
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) ▼	<div> <div>011</div> <div>Category/Type</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Corzine '09 Inc. Primary	<b>Transaction ID:</b> SB29.6682 <b>Date of Disbursement</b>
Mailing Address 196 W. State Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City Trenton State NJ Zip Code 08608 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>3400.00</div>
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) ▼	

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

**7300.00**

**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 14 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Cumberland County Democrat Organization	<b>Transaction ID:</b> SB29.6663 <b>Date of Disbursement</b>																				
Mailing Address PO Box 812	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	9												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Cherry Hill</td> <td>NJ</td> <td>08034</td> </tr> <tr> <td colspan="2">Purpose of Disbursement</td> <td rowspan="2"> <div>011</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Contribution</td> </tr> <tr> <td colspan="3">Candidate Name</td> </tr> </table>	City	State	Zip Code	Cherry Hill	NJ	08034	Purpose of Disbursement		<div>011</div> Category/ Type	Contribution		Candidate Name			<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>						
City	State	Zip Code																			
Cherry Hill	NJ	08034																			
Purpose of Disbursement		<div>011</div> Category/ Type																			
Contribution																					
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Election Fund of Dorothy Stetser	<b>Transaction ID:</b> SB29.6728 <b>Date of Disbursement</b>																				
Mailing Address PO Box 13	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	0	9												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hancocks Bridge</td> <td>NJ</td> <td>08038</td> </tr> <tr> <td colspan="2">Purpose of Disbursement</td> <td rowspan="2"> <div>011</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Contribution</td> </tr> <tr> <td colspan="3">Candidate Name</td> </tr> </table>	City	State	Zip Code	Hancocks Bridge	NJ	08038	Purpose of Disbursement		<div>011</div> Category/ Type	Contribution		Candidate Name			<b>Amount of Each Disbursement this Period</b> <div>500.00</div>						
City	State	Zip Code																			
Hancocks Bridge	NJ	08038																			
Purpose of Disbursement		<div>011</div> Category/ Type																			
Contribution																					
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Election Fund Of Gregory McAvaddy	<b>Transaction ID:</b> SB29.6745 <b>Date of Disbursement</b>																				
Mailing Address 543 Forest Grove Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Vineland</td> <td>NJ</td> <td>08360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement</td> <td rowspan="2"> <div>011</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Void Ck #1987 4/16/2008</td> </tr> <tr> <td colspan="3">Candidate Name</td> </tr> </table>	City	State	Zip Code	Vineland	NJ	08360	Purpose of Disbursement		<div>011</div> Category/ Type	Void Ck #1987 4/16/2008		Candidate Name			<b>Amount of Each Disbursement this Period</b> <div>-200.00</div>						
City	State	Zip Code																			
Vineland	NJ	08360																			
Purpose of Disbursement		<div>011</div> Category/ Type																			
Void Ck #1987 4/16/2008																					
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) ▼																				

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

**5300.00**

**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 15 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

A.

Full Name (Last, First, Middle Initial)

Election Fund of Joseph Egan

Mailing Address 61 Ochs Ave

City  
Milltown

State  
NJ

Zip Code  
08850

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6675

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Election Fund of Louis Greenwald

Mailing Address 2240 - 15 Route 70

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6666

Date of Disbursement

05 / 06 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Election Fund of Louis Greenwald

Mailing Address 2240 - 15 Route 70

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
Contribution

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6744

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1800.00

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

7300.00

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 16 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

**A.** Full Name (Last, First, Middle Initial)  
Election Fund of Pamela Lampitt

Mailing Address 2240-15 Route 70

City Cherry Hill State NJ Zip Code 08002

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6656

Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Election Fund of Schmidt, Whipple, Marrone

Mailing Address 19 Erindale Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6654

Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Election Fund of Spencer, Merchese, Brophy

Mailing Address 6 N. Broadway

City Gloucester City State NJ Zip Code 08030

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6652

Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

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

2000.00

**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 17 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

**A.** Full Name (Last, First, Middle Initial)  
Friends of Fred Dumont for Council

Mailing Address 195 Briner Lane

City Hamilton State NJ Zip Code 08690

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Fred Dumont for Council

Mailing Address 195 Briner Lane

City Hamilton State NJ Zip Code 08690

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6741

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gloucester County Democratic Committee

Mailing Address PO Box 751

City Woodbury State NJ Zip Code 08096

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6659

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

3500.00

**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 18 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

**A.** Full Name (Last, First, Middle Initial)  
Gloucester County Democratic Committee

Mailing Address PO Box 751

City Woodbury State NJ Zip Code 08096

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6674

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Fred Green

Mailing Address 534 S Route 73

City Winslow State NJ Zip Code 08095

Purpose of Disbursement  
Per Diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6736

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

671.52

**C.** Full Name (Last, First, Middle Initial)  
Jack Connors for Assembly

Mailing Address 45 Essex Street Suite 108

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6669

Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

500.00

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

1671.52

**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 19 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) James B Kehoe	<b>Transaction ID:</b> SB29.6670 <b>Date of Disbursement</b>
Mailing Address 534 S Route 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem-National Legislative Conference Candidate Name	<div> <div>300.00</div> <div>002</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) James B Kehoe	<b>Transaction ID:</b> SB29.6714 <b>Date of Disbursement</b>
Mailing Address 534 S Route 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem-NJ AFL-CIO Conference Candidate Name	<div> <div>200.00</div> <div>002</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kurt Krueger	<b>Transaction ID:</b> SB29.6731 <b>Date of Disbursement</b>
Mailing Address 534 S Route 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem Candidate Name	<div> <div>671.52</div> <div>002</div> <div>Category/ Type</div> </div>
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) ▼

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

1171.52

**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 20 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Raymond MacDowell Mailing Address 534 S Route 73	<b>Transaction ID:</b> SB29.6715 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095 Purpose of Disbursement Per Diem-NJ AFL-CIO Conference Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>200.00</div> <div>002</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Madden for Senate Mailing Address 300 N. Marion Avenue City Wenonah State NJ Zip Code 08090 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: NJ District:</div> </div>	<b>Transaction ID:</b> SB29.6658 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Madden for Senate Mailing Address 300 N. Marion Avenue City Wenonah State NJ Zip Code 08090 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: NJ District:</div> </div>	<b>Transaction ID:</b> SB29.6667 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3000.00</div> <div>011</div> Category/ Type

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

**5200.00**

**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 21 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Moriarty for Assembly	<b>Transaction ID:</b> SB29.6673 <b>Date of Disbursement</b>																				
Mailing Address 10 Farmingham Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Sewell State NJ Zip Code 08080	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NJ State AFL-CIO	<b>Transaction ID:</b> SB29.6651 <b>Date of Disbursement</b>																				
Mailing Address 106 W State Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
City Trenton State NJ Zip Code 08608	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">514.15</td> </tr> </table>	514.15																			
514.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NJ State AFL-CIO	<b>Transaction ID:</b> SB29.6713 <b>Date of Disbursement</b>																				
Mailing Address 106 W State Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Trenton State NJ Zip Code 08608	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Cope Luncheon Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**2514.15**

**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 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

<b>A.</b> Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades PAC Fund	<b>Transaction ID:</b> SB29.6645 <b>Date of Disbursement</b>
Mailing Address 534 S. Route 73, PO Box 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<div> <div>2256.30</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades PAC Fund	<b>Transaction ID:</b> SB29.6665 <b>Date of Disbursement</b>
Mailing Address 534 S. Route 73, PO Box 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<div> <div>2548.50</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades PAC Fund	<b>Transaction ID:</b> SB29.6687 <b>Date of Disbursement</b>
Mailing Address 534 S. Route 73, PO Box 73	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 9</div> </div>
City Winslow State NJ Zip Code 08095	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<div> <div>3621.66</div> <div>011 Category/ Type</div> </div>
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) ▼

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

**8426.46**

**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 23 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<b>A.</b> Full Name (Last, First, Middle Initial) David O'Neill	<b>Transaction ID:</b> SB29.6733 <b>Date of Disbursement</b>																				
Mailing Address 534 S Route 73	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	0	9												
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td>671.52</td> </tr> </table>	671.52																			
671.52																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Page	<b>Transaction ID:</b> SB29.6716 <b>Date of Disbursement</b>																				
Mailing Address 534 S Route 73	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem-NJ AFL-CIO Conference	<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Reed	<b>Transaction ID:</b> SB29.6672 <b>Date of Disbursement</b>																				
Mailing Address 534 S Route 73	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem - National Legislative Conference	<table border="1"> <tr> <td>450.00</td> </tr> </table>	450.00																			
450.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

1321.52

**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 24 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Reed	<b>Transaction ID:</b> SB29.6718 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div>
Mailing Address 534 S Route 73	
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b> <div>200.00</div>
Purpose of Disbursement Per Diem-NJ AFL-CIO Conference Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Reed	<b>Transaction ID:</b> SB29.6734 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
Mailing Address 534 S Route 73	
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b> <div>671.52</div>
Purpose of Disbursement Per Diem Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Arthur Schenker	<b>Transaction ID:</b> SB29.6730 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
Mailing Address 534 S Route 73	
City Winslow State NJ Zip Code 08095	<b>Amount of Each Disbursement this Period</b> <div>671.52</div>
Purpose of Disbursement Per Diem Candidate Name	<div>002</div> 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) ▼

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

1543.04

**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 25 / 28

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

**A.**

Full Name (Last, First, Middle Initial)

Shulman, Kurtz, Turer & Topaz, LLC

Mailing Address 101 N Lakeview Drive

City  
Gibbsboro

State  
NJ

Zip Code  
08026

Purpose of Disbursement  
Accounting Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6646

Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

SJMCA PAC Fund

Mailing Address 1 Green Tree Centre  
Suite 201

City  
Marlton

State  
NJ

Zip Code  
08053

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6657

Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Southern NJ Labor Advocacy Fund

Mailing Address PO Box 1065

City  
Pennsauken

State  
NJ

Zip Code  
08109

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6660

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

1750.00

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

5750.00

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

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

500.00

1128.00

1274.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

<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

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

1810.00

1878.80

1200.00

FEC Schedule B (Form 3X) (Revised 02/2003)

# **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 28 / 28

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol  
Ed

A.

Full Name (Last, First, Middle Initial)

Wayne DeAngelo for Assembly

Mailing Address 1502 S. Olden Avenue

City  
Hamilton

State  
NJ

Zip Code  
08610

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6676

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

96682.05