

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

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

2. **FEC IDENTIFICATION NUMBER** C00017194  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 01 01 2005 through 06 30 2005

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

Type or Print Name of Treasurer I.U.O.E. Local825 Joseph Whittles

Signature of Treasurer Electronically Filed by I.U.O.E. Local825 Joseph Whittles Date 12 27 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		136767.35
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	136767.35									
(c) Total Receipts (from Line 19) .....	118037.15	118037.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	254804.50	254804.50								
7. Total Disbursements (from Line 31) .....	112510.23	112510.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	142294.27	142294.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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 .....	117913.85	117913.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	117913.85	117913.85
(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) .....	117913.85	117913.85
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.) .....	123.30	123.30
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)) .....	118037.15	118037.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	118037.15	118037.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	195.23	195.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	195.23	195.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
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.....	96315.00	96315.00
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))..	112510.23	112510.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	112510.23	112510.23

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	117913.85	117913.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117913.85	117913.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	195.23	195.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	195.23	195.23

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ALASKANS FOR DON YOUNG</b>		<b>Transaction ID: SB23.4533</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 5
Mailing Address 2504 Fairbanks Street		Amount of Each Disbursement this Period 2000.00
City Anchorage State AK Zip Code 99503	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ALASKANS FOR DON YOUNG</b>		<b>Transaction ID: SB23.4534</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 5
Mailing Address 2504 Fairbanks Street		Amount of Each Disbursement this Period 1000.00
City Anchorage State AK Zip Code 99503	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ANDREWS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4535</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 215 Fourth Avenue SUITE 200		Amount of Each Disbursement this Period 1000.00
City Haddon Heights State NJ Zip Code 08035	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO REELECT CONGRESSMAN CHRIS SMITH</b>		<b>Transaction ID:</b> SB23.4545 Date of Disbursement
Mailing Address P.O. Box 3184 P.O. Box 3184		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>
City Hamilton	State NJ	Zip Code 08619
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 04	

Full Name (Last, First, Middle Initial) <b>B. DON PAYNE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4543 Date of Disbursement
Mailing Address P.O. Box 2406 P.O. Box 2406		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City Newark	State NJ	Zip Code 07114
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 10	

Full Name (Last, First, Middle Initial) <b>C. LOBIONDO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4540 Date of Disbursement
Mailing Address PO BOX 775		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>
City MARMORA	State NJ	Zip Code 08223
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MENENDEZ FOR CONGRESS</b>		<b>Transaction ID: SB23.4530</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 5	
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 3000.00	
City Union City State NJ Zip Code 07087	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13 Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MIKE FERGUSON FOR CONGRESS</b>		<b>Transaction ID: SB23.4536</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5	
Mailing Address 6302 Massachusuetts Ave.		Amount of Each Disbursement this Period 1000.00	
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. PALLONE FOR CONGRESS</b>		<b>Transaction ID: SB23.4537</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5	
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 1000.00	
City LONG BRANCH State NJ Zip Code 07740	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 31

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

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

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

**Transaction ID: SB23.4538**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	5

Mailing Address POB 640

Amount of Each Disbursement this Period

1000.00
---------

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 08

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID: SB23.4539**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	5

Mailing Address PO Box 782

Amount of Each Disbursement this Period

1000.00
---------

City Pennington State NJ Zip Code 08534

Purpose of Disbursement

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 12

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

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

2000.00
---------

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

16000.00
----------

# 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 10 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC COUNTY DEMOCRATIC CMTE.</b>		<b>Transaction ID:</b> SB29.4574 Date of Disbursement
Mailing Address P.O. Box 1001		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City Mays Landing	State NJ	Zip Code 08330
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BCA-NJ PAC</b>		<b>Transaction ID:</b> SB29.4564 Date of Disbursement
Mailing Address Raritan Center Plaza II		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
City Edison	State NJ	Zip Code 08837
Purpose of Disbursement Sponsorship	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2750.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMDEN COUNTY DEMOCRATIC COMMITTEE</b>		<b>Transaction ID:</b> SB29.4670 Date of Disbursement
Mailing Address 2240-15 Route 70 West		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2005"/>
City Cherry Hill	State NJ	Zip Code 08002
Purpose of Disbursement Subscription	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. CAMDEN COUNTY DEMOCRATIC COMMITTEE</b>		<b>Transaction ID: SB29.4633</b> Date of Disbursement
Mailing Address 2240-15 Route 70 West		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City Cherry Hill	State NJ	Zip Code 08002
Purpose of Disbursement Dinner Tickets	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Fund-P. Biondi</b>		<b>Transaction ID: SB29.4618</b> Date of Disbursement
Mailing Address P.O. Box 8635		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2005"/>
City Somerville	State NJ	Zip Code 08876
Purpose of Disbursement Dinner Tickets	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHERRY HILL DEMOCRATIC PARTY</b>		<b>Transaction ID: SB29.4570</b> Date of Disbursement
Mailing Address P.O. Box 2923		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City Cherry Hill	State NJ	Zip Code 08034
Purpose of Disbursement Dinner Tickets	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR LARKIN</b>		<b>Transaction ID:</b> SB29.4662 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 4321		Amount of Each Disbursement this Period 500.00
City New Windsor State NY Zip Code 12553	Purpose of Disbursement Dinner Tickets	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR LARKIN</b>		<b>Transaction ID:</b> SB29.4668 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 4321		Amount of Each Disbursement this Period 250.00
City New Windsor State NY Zip Code 12553	Purpose of Disbursement Reception Ticket	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS TO ELECT JOHN BONACIC</b>		<b>Transaction ID:</b> SB29.4656 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 500.00
City New Hampton State NY Zip Code 10958	Purpose of Disbursement Dinner Tickets	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. CITIZENS TO ELECT JOHN BONACIC</b>		<b>Transaction ID: SB29.4664</b> Date of Disbursement																					
Mailing Address P.O. Box 425		<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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	5		2	0	0	5														
City New Hampton	State NY	Zip Code 10958	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dinner Tickets		Category/ Type	500.00																				
Candidate Name																							
Office Sought:	Disbursement For: 2005																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>B. CITIZENS TO ELECT JOHN BONACIC</b>		<b>Transaction ID: SB29.4665</b> Date of Disbursement																					
Mailing Address P.O. Box 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	5														
City New Hampton	State NY	Zip Code 10958	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dinner Tickets		Category/ Type	500.00																				
Candidate Name																							
Office Sought:	Disbursement For: 2005																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>C. CMTE. TO ELECT BRYANT, BRYANT &amp; HILL</b>		<b>Transaction ID: SB29.4590</b> Date of Disbursement																					
Mailing Address 714 Maple Court		<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	4		2	0	0	5														
City Pleasantville	State NJ	Zip Code 08232	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Federal Contribution		Category/ Type	300.00																				
Candidate Name																							
Office Sought:	Disbursement For: 2005																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. CMTE TO REELECT HECTOR CORCHADO COUNCIL</b>		<b>Transaction ID:</b> SB29.4642 Date of Disbursement
Mailing Address 666 Mt. Prospect Avenue		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City Newark	State NJ	Zip Code 07104
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Vincent Prieto Assembl</b>		<b>Transaction ID:</b> SB29.4612 Date of Disbursement
Mailing Address PO Box 2061		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City Secaucus	State NJ	Zip Code 07096
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO RE-ELECT CELLINI SUPERVISOR</b>		<b>Transaction ID:</b> SB29.4654 Date of Disbursement
Mailing Address 5 Rosen Road		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City Monticello	State NY	Zip Code 12701
Purpose of Disbursement Sponsorship	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. CORZINE FOR GOVERNOR</b>		<b>Transaction ID:</b> SB29.4602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 200419		Amount of Each Disbursement this Period 1000.00
City Newark State NJ Zip Code 07102	Purpose of Disbursement Dinner Tickets	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cumberland County Democratic Organization</b>		<b>Transaction ID:</b> SB29.4623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 812		Amount of Each Disbursement this Period 1000.00
City Vineland State NJ Zip Code 08362	Purpose of Disbursement Non Federal Contribution	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DALE FINCH FOR CITY COMMISSION</b>		<b>Transaction ID:</b> SB29.4560 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address 1306 Goldfinch Lane		Amount of Each Disbursement this Period 500.00
City Millville State NJ Zip Code 08332	Purpose of Disbursement Non Federal Contribution	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Delaware Cty Republican Comte. Lincoln Da</b>		<b>Transaction ID: SB29.4658</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period <b>650.00</b>
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Delaware Cty Republican Comte. Lincoln Da</b>		<b>Transaction ID: SB29.4663</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period <b>125.00</b>
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. DISTRICT 36 DEMOCRATS 2005</b>		<b>Transaction ID: SB29.4627</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address 9 Lincoln Avenue		Amount of Each Disbursement this Period <b>2400.00</b>
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3175.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. dubois for sheriff</b>		<b>Transaction ID: SB29.4652</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address P.O. Box 232		Amount of Each Disbursement this Period 500.00
City Otisville	State NY	
Zip Code 10963		Category/ Type
Purpose of Disbursement Gold Sponsorship		
Candidate Name		Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. dubois for sheriff</b>		<b>Transaction ID: SB29.4669</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2005
Mailing Address P.O. Box 232		Amount of Each Disbursement this Period 1000.00
City Otisville	State NY	
Zip Code 10963		Category/ Type
Purpose of Disbursement Eagle Sponsor/Golf		
Candidate Name		Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. EFO CRUZ-PEREZ, REDD, RODRIGUEZ &amp; JENKINS</b>		<b>Transaction ID: SB29.4604</b> Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2005
Mailing Address P.O. Box 3235		Amount of Each Disbursement this Period 2000.00
City Camden	State NJ	
Zip Code 08101		Category/ Type
Purpose of Disbursement Dinner Tickets		
Candidate Name		Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. ELECTION FUND OF ASSEMBLYMAN SEAN KEAN</b>		<b>Transaction ID:</b> SB29.4566 Date of Disbursement
Mailing Address P.O. Box 605		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>
City Belmar	State NJ	Zip Code 07719
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="600.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELECTION FUND OF DONALD PAYNE, JR.</b>		<b>Transaction ID:</b> SB29.4625 Date of Disbursement
Mailing Address P.O. Box 4314		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City Newark	State NJ	Zip Code 07114
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="750.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELECTION FUND OF GREGORY MCAVADDY</b>		<b>Transaction ID:</b> SB29.4582 Date of Disbursement
Mailing Address 543 Forest Grove Road		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2005"/>
City Vineland	State NJ	Zip Code 08360
Purpose of Disbursement Non Federal Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="300.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1650.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Election Fund of Hector Corchado</b>		<b>Transaction ID:</b> SB29.4550 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period <b>300.00</b>
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ELECTION FUND OF JOHN WISNIEWSKI</b>		<b>Transaction ID:</b> SB29.4640 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 3145 Bordentown Avenue, Suite C1A		Amount of Each Disbursement this Period <b>4000.00</b>
City Parlin	State NJ Zip Code 08859	
Purpose of Disbursement Non Federal Contribution		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ELECTION FUND OF MAYOR SHARPE JAMES</b>		<b>Transaction ID:</b> SB29.4552 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 20179		Amount of Each Disbursement this Period <b>1500.00</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Dinner Tickets		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5800.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ELECTION FUND OF SENATOR BERNARD F. KENNY</b>		<b>Transaction ID:</b> SB29.4610 Date of Disbursement
Mailing Address PMB 287		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="05"/> <input type="text" value="5"/>
City Hoboken	State NJ	Zip Code 07030
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELECTION FUND OF SENATOR SARLO</b>		<b>Transaction ID:</b> SB29.4608 Date of Disbursement
Mailing Address		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="05"/> <input type="text" value="5"/>
City	State	Zip Code
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELECTION FUND OF THOMAS GIBLIN</b>		<b>Transaction ID:</b> SB29.4621 Date of Disbursement
Mailing Address P.O. Box 43062		<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="05"/> <input type="text" value="5"/>
City Upper Montclair	State NJ	Zip Code 07043
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Essex County Democratic Committee</b>		<b>Transaction ID:</b> SB29.4592 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 50 Park Place, Suite 1430		Amount of Each Disbursement this Period 2000.00
City Newark State NJ Zip Code 07102	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ALEX GROMACK</b>		<b>Transaction ID:</b> SB29.4648 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address 23 Reginald Drive		Amount of Each Disbursement this Period 400.00
City Congers State NY Zip Code 10920	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ASSEMBLYWOMAN MCHOSE</b>		<b>Transaction ID:</b> SB29.4554 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 23		Amount of Each Disbursement this Period 1000.00
City Franklin State NJ Zip Code 07416	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Bill Baroni</b>		<b>Transaction ID: SB29.4556</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address PO Box 3205		Amount of Each Disbursement this Period 5200.00
City Hamilton State NJ Zip Code 08619	Purpose of Disbursement Non Federal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF NICK ASSELTA</b>		<b>Transaction ID: SB29.4638</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address 1051 East Landis Avenue		Amount of Each Disbursement this Period 1800.00
City Vineland State NJ Zip Code 08360	Purpose of Disbursement Golf Foursome Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF RICHARD ZAPPY</b>		<b>Transaction ID: SB29.4588</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 6465 South Avenue		Amount of Each Disbursement this Period 300.00
City Mays Landing State NJ Zip Code 08330	Purpose of Disbursement Non Federal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF RON RICE SENATE CAMPAIGN CMTE</b>		<b>Transaction ID:</b> SB29.4600
Mailing Address		Date of Disbursement MM / DD / YYYY 04 / 25 / 2005
City	State	Zip Code
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period 800.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type
Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SCOTT VANDERHOEF</b>		<b>Transaction ID:</b> SB29.4660
Mailing Address P.O. Box 472		Date of Disbursement MM / DD / YYYY 04 / 14 / 2005
City	State	Zip Code
New City	NY	10956
Purpose of Disbursement Golf Sponsorship		Amount of Each Disbursement this Period 850.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type
Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. GLOUCESTER COUNTY DEMOCRATIC COMMITTEE</b>		<b>Transaction ID:</b> SB29.4596
Mailing Address P.O. Box 751		Date of Disbursement MM / DD / YYYY 04 / 25 / 2005
City	State	Zip Code
Woodbury	NJ	08096
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period 3000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type
Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. GLOUCESTER COUNTY DEMOCRATIC COMMITTEE</b>		<b>Transaction ID:</b> SB29.4634 Date of Disbursement
Mailing Address P.O. Box 751		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City Woodbury	State NJ	Zip Code 08096
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HUDSON COUNTY DEMOCRATIC ORGANIZATION</b>		<b>Transaction ID:</b> SB29.4606 Date of Disbursement
Mailing Address P.O. Box 8177		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City Jersey City	State NJ	Zip Code 07308
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HUDSON COUNTY DEMOCRATIC ORGANIZATION</b>		<b>Transaction ID:</b> SB29.4619 Date of Disbursement
Mailing Address P.O. Box 8177		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2005"/>
City Jersey City	State NJ	Zip Code 07308
Purpose of Disbursement Non Federal Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. JOE DIVINCENZO FOR ESSEX COUNTY EXECUTIVE</b>		<b>Transaction ID: SB29.4576</b> Date of Disbursement
Mailing Address P.O. Box 266		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>
City Nutley	State NJ	Zip Code 07110
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1200.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KARBEN FOR ASSEMBLY</b>		<b>Transaction ID: SB29.4646</b> Date of Disbursement
Mailing Address 55 Old Turnpike Road		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City Nanuet	State NY	Zip Code 10954
Purpose of Disbursement Breakfast Reception	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LINDA STENDER FOR ASSEMBLY</b>		<b>Transaction ID: SB29.4629</b> Date of Disbursement
Mailing Address c/o W.E. Populus Jr.		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City Fanwood	State NJ	Zip Code 07023
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="600.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. MADDEN FOR SENATE</b>		<b>Transaction ID:</b> SB29.4558 Date of Disbursement
Mailing Address 2240-15 Route 70 W.		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2005"/>
City Cherry Hill	State NJ	Zip Code 08002
Purpose of Disbursement Dinner Tickets	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MORRIS COUNTY DEMOCRATIC COMMITTEE</b>		<b>Transaction ID:</b> SB29.4614 Date of Disbursement
Mailing Address P.O. Box 306		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City Morristown	State NJ	Zip Code 07963
Purpose of Disbursement Non Federal Contribution	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NEBCAC</b>		<b>Transaction ID:</b> SB29.4644 Date of Disbursement
Mailing Address 37 A Park Street		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>
City Demarest	State NJ	Zip Code 07627
Purpose of Disbursement Non Federal Contribution	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. New Democratic Assembly Leadership PAC</b>		<b>Transaction ID:</b> SB29.4562 Date of Disbursement
Mailing Address P.O. Box 3503		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
City Cherry Hill	State NJ	Zip Code 08034
Purpose of Disbursement Dinner Tickets	<input type="text" value="3000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PETER CASTELLANO FOR BD. OF EDUCATION</b>		<b>Transaction ID:</b> SB29.4584 Date of Disbursement
Mailing Address 111 White Oak Drive		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2005"/>
City Egg Harbor Townshi	State NJ	Zip Code 08234
Purpose of Disbursement Non Federal Contribution	<input type="text" value="300.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SALWAY, LAPORTE DAVIES-KAHN FOR SCHL BD</b>		<b>Transaction ID:</b> SB29.4580 Date of Disbursement
Mailing Address 449-B N. Raleigh Avenue		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2005"/>
City Atlantic City	State NJ	Zip Code 08401
Purpose of Disbursement Non Federal Contribution	<input type="text" value="300.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. SAM THOMPSON FOR ASSEMBLY</b>		<b>Transaction ID: SB29.4568</b>																					
Mailing Address 5 Lincroft Avenue		Date of Disbursement																					
City Old Bridge State NJ Zip Code 08857		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	2	/	2	0	0	5														
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period																					
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		Disbursement For: 2005																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. Scott Rumana Organization</b>		<b>Transaction ID: SB29.4672</b>																					
Mailing Address P.O. Box 670		Date of Disbursement																					
City Wayne State NJ Zip Code 07474		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	1	3	/	2	0	0	5														
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>		300.00																			
300.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2005																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>C. SENATE DEMOCRATIC MAJORITY</b>		<b>Transaction ID: SB29.4578</b>																					
Mailing Address c/o Kelly Maer		Date of Disbursement																					
City Manasquan State NJ Zip Code 08736		<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>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	4	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	4	/	2	0	0	5														
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>		7500.00																			
7500.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2005																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. SENATE REPUBLICAN MAJORITY</b>		<b>Transaction ID:</b> SB29.4631 Date of Disbursement
Mailing Address 370 Tall Tree Court		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City Jackson	State NJ	Zip Code 08527
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sires for Assembly</b>		<b>Transaction ID:</b> SB29.4548 Date of Disbursement
Mailing Address PO Box 3712		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City Trenton	State NJ	Zip Code 08629
Purpose of Disbursement Breakfast Reception	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SO. NEW JERSEY LABOR ADVOCACY FUND, INC.</b>		<b>Transaction ID:</b> SB29.4598 Date of Disbursement
Mailing Address 4112 Beacon Avenue		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City Pennsauken	State NJ	Zip Code 08109
Purpose of Disbursement Table Sponsor	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1750.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. STEVE SWEENEY FOR FREEHOLDER</b>		<b>Transaction ID: SB29.4572</b> Date of Disbursement
Mailing Address 300 North Marion Avenue		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City Wenonah	State NJ	Zip Code 08090
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Committee to Elect Glen Vetrano</b>		<b>Transaction ID: SB29.4616</b> Date of Disbursement
Mailing Address 12 Plotts Rd		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>
City Newton	State NJ	Zip Code 07860
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="300.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ULSTER COUNTY REPUBLICAN CMTE.</b>		<b>Transaction ID: SB29.4667</b> Date of Disbursement
Mailing Address		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2005"/>
City	State	Zip Code
Purpose of Disbursement Dinner Tickets	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="240.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2040.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 31

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

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

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

Full Name (Last, First, Middle Initial) <b>A. WHELAN &amp; TYNER FOR ASSEMBLY</b>		<b>Transaction ID: SB29.4636</b>	
Mailing Address P.O. Box 362		Date of Disbursement MM / DD / YYYY 06 / 21 / 2005	
City Northfield	State NJ	Zip Code 08225	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Dinner Tickets		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM CHEATHAM FOR BD. OF EDUCATION</b>		<b>Transaction ID: SB29.4586</b>	
Mailing Address 2580 Sixth Avenue		Date of Disbursement MM / DD / YYYY 04 / 04 / 2005	
City Sweetwater	State NJ	Zip Code 08037	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Non Federal Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

1300.00

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

96065.00