

# 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  
INTERNATIONAL FEDERATION/PROFESSIONAL

ADDRESS (number and street) 8630 FENTON STREET SUITE 400  
 Check if different than previously reported. (ACC)  
SILVER SPRING MD 20910

2. **FEC IDENTIFICATION NUMBER** C00164509  
**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 07 01 2005 through 12 31 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 DOLORES A GORCZYCA

Signature of Treasurer Electronically Filed by DOLORES A GORCZYCA Date 05 19 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
INTERNATIONAL FEDERATION/PROFESSIONAL

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">18299.09</td></tr></table>	18299.09
Y	Y	Y	Y									
2	0	0	5									
18299.09												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">20706.98</td></tr></table>	20706.98										
20706.98												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">25419.88</td></tr></table>	25419.88	<table border="1" style="width: 100%;"><tr><td align="center">41902.77</td></tr></table>	41902.77								
25419.88												
41902.77												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">46126.86</td></tr></table>	46126.86	<table border="1" style="width: 100%;"><tr><td align="center">60201.86</td></tr></table>	60201.86								
46126.86												
60201.86												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">13917.43</td></tr></table>	13917.43	<table border="1" style="width: 100%;"><tr><td align="center">27992.43</td></tr></table>	27992.43								
13917.43												
27992.43												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">32209.43</td></tr></table>	32209.43	<table border="1" style="width: 100%;"><tr><td align="center">32209.43</td></tr></table>	32209.43								
32209.43												
32209.43												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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  
INTERNATIONAL FEDERATION/PROFESSIONAL

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

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	4476.63	4959.88
(i) Itemized (use Schedule A) .....	20943.25	36942.89
(ii) Unitemized .....	25419.88	41902.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25419.88	41902.77
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)) .....	25419.88	41902.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25419.88	41902.77

**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.....	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.....	10000.00	18775.00
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.....	3917.43	9217.43
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))..	13917.43	27992.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13917.43	27992.43

**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) .....	25419.88	41902.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25419.88	41902.77
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 A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. ROBERT C. ANGELO</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 109 CONNOLLY DRIVE		Transaction ID: SA11A1.6578	
City MILLTOWN	State NJ	Zip Code 08850	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		IFPTE LOCA 195 MEMBER CONTRIBUTION	
Name of Employer RUTGERS STATE UNIVERSITY	Occupation INSTRUCTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. SALVATORE BAGLIERI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 1300 CEDAR DRIVE		Transaction ID: SA11A1.6258	
City PINE HILL	State NJ	Zip Code 08021	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C		IFPTE LOCAL 195 EMPLOYEE PAYROLL DEDUCTI	
Name of Employer IFPTE LOCAL 195	Occupation LOCAL UNION BUSINESS REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

Full Name (Last, First, Middle Initial) <b>C. CHARLES H BOFFERDING, III</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5	
Mailing Address 18638 175TH AVENUE SE		Transaction ID: SA11A1.6391	
City RENTON	State WA	Zip Code 98058	Amount of Each Receipt this Period 83.25
FEC ID number of contributing federal political committee. C		MEMBER CONTRIBUTION	
Name of Employer SPEEA / IFPTE LOCAL 2001	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	253.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. CHARLES H BOFFERDING, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 18638 175TH AVENUE SE		Transaction ID: SA11A1.6593	
City RENTON	State WA	Zip Code 98058	Amount of Each Receipt this Period 83.25
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTION	
Name of Employer SPEEA / IFPTE LOCAL 2001	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.50		

Full Name (Last, First, Middle Initial) <b>B. CHARLES H BOFFERDING, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 18638 175TH AVENUE SE		Transaction ID: SA11A1.6606	
City RENTON	State WA	Zip Code 98058	Amount of Each Receipt this Period 83.25
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTION	
Name of Employer SPEEA / IFPTE LOCAL 2001	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 582.75		

Full Name (Last, First, Middle Initial) <b>C. CHARLES H BOFFERDING, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 18638 175TH AVENUE SE		Transaction ID: SA11A1.6407	
City RENTON	State WA	Zip Code 98058	Amount of Each Receipt this Period 83.25
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTION	
Name of Employer SPEEA / IFPTE LOCAL 2001	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	249.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. CHARLES H BOFFERDING, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 18638 175TH AVENUE SE		<b>Transaction ID: SA11A1.6421</b>	
City RENTON	State WA	Zip Code 98058	Amount of Each Receipt this Period 83.25
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTION	
Name of Employer SPEEA / IFPTE LOCAL 2001	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.25		

Full Name (Last, First, Middle Initial) <b>B. DONALD J. BUCHANNAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 734 GRAVELLY HOLLOW ROAD		<b>Transaction ID: SA11A1.6257</b>	
City MEDFORD	State NJ	Zip Code 08505	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>		IFPTE LOCAL 195 EMPLOYEE PAYROLL DEDUCTI	
Name of Employer IFPTE LOCAL 195	Occupation LOCAL UNION VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. LISA CICCONE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 2 ELLIOTT STREET		<b>Transaction ID: SA11A1.6259</b>	
City MONMOUTH JUNCTION	State NJ	Zip Code 08852	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>		IFPTE LOCAL 195 MEMBER PA-YROLL DEDUCTION	
Name of Employer IFPTE LOCAL 195	Occupation LOCAL UNION BUSINESS REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	228.25
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. DOMINICK D CRITELLI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 50 CLEARLAKE ROAD		Transaction ID: SA11A1.6256	
City WHITING	State NJ	Zip Code 08759	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		LOCAL 195 EMPLOYEE PAYROLL DEDUCTIONS	
Name of Employer IFPTE LOCAL 195	Occupation LOCAL UNION PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name (Last, First, Middle Initial) <b>B. G WILLIAM DAVENPORT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5	
Mailing Address 4 ALTHEA PARKWAY		Transaction ID: SA11A1.6118	
City SAVANNAH	State GA	Zip Code 31405	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		MEMBER CONTRIBUTION	
Name of Employer SOCIAL SECURITY ADMINISTRATION	Occupation ADMINISTRATIVE LAW JUDGE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. PAUL K DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 4749 BARRA AVENUE		Transaction ID: SA11A1.6253	
City FREMONT	State CA	Zip Code 94538	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		MEMBER CONTRIBUTION	
Name of Employer NASA-AMES RESEARCH CENTER	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	925.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

**A.** Full Name (Last, First, Middle Initial)  
BERNARD DEMSETZ

Mailing Address 2836 SHERATON PLACE

City State Zip Code  
SAN MATEO CA 94402

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

Name of Employer Occupation  
NASA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6254

Amount of Each Receipt this Period  
250.00

MEMBER CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
D RANDAL FRYE

Mailing Address 624 CHESTNUT RIDGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086

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

Name of Employer Occupation  
SOCIAL SECURITY ADMINISTRATION ADMINISTRATIVE LAW JUDGE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6251

Amount of Each Receipt this Period  
250.00

MEMBER CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
IFPTE AFL-CIO IFPTE AFL-CIO

Mailing Address 8630 FENTON STREET SUITE 400

City State Zip Code  
SILVER SPRING MD 20910

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

Name of Employer Occupation  
IFPTE, AFL-CIO & CLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.6622

Amount of Each Receipt this Period  
565.38

EMPLOYEE PAYROLL DEDUCTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1065.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

**A.** Full Name (Last, First, Middle Initial)  
GREGORY J JUNEMANN

Mailing Address 3716 S. HERMAN STREET

City State Zip Code  
MILWAUKEE WI 53207

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

Name of Employer Occupation  
IFPTE, AFL-CIO & CLC INTERNATIONAL PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2005

Transaction ID: SA11A1.6158

Amount of Each Receipt this Period  
525.00

IFPT EMPLOYEE PAYROLL DEDUCTIONS

**B.** Full Name (Last, First, Middle Initial)  
MARY K KAISER

Mailing Address 11691 PAR AVENUE

City State Zip Code  
LOS ALTOS CA 94024

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

Name of Employer Occupation  
SOCIAL SECURITY ADMINISTRATION ADMINISTRATIVE LAW JUDGE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2005

Transaction ID: SA11A1.6171

Amount of Each Receipt this Period  
250.00

MEMBER CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
M CREON LEVIT

Mailing Address PO BOX 892

City State Zip Code  
MILL VALLEY CA 94942

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

Name of Employer Occupation  
NASA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2005

Transaction ID: SA11A1.6247

Amount of Each Receipt this Period  
300.00

MEMBER CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1075.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. DEBBIE D LOGSDON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 4104 SW 230TH		Transaction ID: SA11A1.6598	
City DOUGLAS	State KS	Zip Code 67039	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTION	
Name of Employer THE BOEING COMPANY	Occupation SYSTEMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. DEBBIE D LOGSDON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 4104 SW 230TH		Transaction ID: SA11A1.6611	
City DOUGLAS	State KS	Zip Code 67039	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTIONS	
Name of Employer THE BOEING COMPANY	Occupation SYSTEMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH MCGEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 210 WALL STREET #904		Transaction ID: SA11A1.6424	
City SEATTLE	State WA	Zip Code 98121	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		MEMBER CONTRIBUTION	
Name of Employer IFPTE LOCAL 17	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

**A.** Full Name (Last, First, Middle Initial)  
GERALD NEWSOME

Mailing Address 28 FABYAN PLACE

City State Zip Code  
NEWARK NJ 07108

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

Name of Employer Occupation  
IFPTE LOCAL 195 LOCAL UNION TRUSTEE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6261

Amount of Each Receipt this Period  
65.00

IFPTE LOCAL 195 MEMBER PA-YROLL DEDUCTION

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY J. RUDOLPH

Mailing Address 1 PINE GROVE AVENUE

City State Zip Code  
SOMERSET NJ 08873

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

Name of Employer Occupation  
IFPTE LOCAL 195 LOCAL UNINO TRUSTEE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6260

Amount of Each Receipt this Period  
85.00

IFPTE LOCAL 195 MEMBER PA-YROLL DEDUCTION

**C.** Full Name (Last, First, Middle Initial)  
LELAND S STONE

Mailing Address 435 RAMSELL STREET

City State Zip Code  
SAN FRANCISCO CA 94132

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

Name of Employer Occupation  
NASA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6245

Amount of Each Receipt this Period  
500.00

MEMBER CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4476.63</b>

**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 / 25

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

**A. CHARLIE DENT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 15

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6445

Date of Disbursement

10 / 19 / 2005

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

**B. CITIZENS TO ELECT RICK LARSEN**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6452

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

**C. CONGRESSIONAL BLACK CAUCUS PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 509 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6546

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**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 15 / 25

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. CUMMINGS FOR CONGRESS</b>		<b>Transaction ID: SB23.6555</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address PO BOX 1631		Amount of Each Disbursement this Period 500.00	
City BALTIMORE	State MD		Zip Code 21203
Purpose of Disbursement			011 Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 07		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SHERWOOD BOEHLERT</b>		<b>Transaction ID: SB23.6558</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 3323 NORTH WASHINGTON BLVD		Amount of Each Disbursement this Period 1000.00	
City ARLINGTON	State VA		Zip Code 22201
Purpose of Disbursement			011 Category/ Type
Candidate Name SNOWE FOR SENATE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 24		

Full Name (Last, First, Middle Initial) <b>C. INSLEE FOR CONGRESS</b>		<b>Transaction ID: SB23.6438</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5	
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00	
City Seattle	State WA		Zip Code 98133
Purpose of Disbursement			011 Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA	District: 01		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID: SB23.6443</b> Date of Disbursement
Mailing Address PO BOX 340188		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City COLUMBUS	State OH	Zip Code 43234
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 00		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. MIKE HONDA FOR CONGRESS</b>		<b>Transaction ID: SB23.6542</b> Date of Disbursement
Mailing Address 50 W. San Fernando St. Ste. 350		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City San Jose	State CA	Zip Code 95113
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 15		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. PATRICK J MURPHY</b>		<b>Transaction ID: SB23.6432</b> Date of Disbursement
Mailing Address 157 N MAIN ST		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City NEW HOPE	State PA	Zip Code 18938
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name PATRICK J MURPHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 08		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<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 17 / 25

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. MURPHY, PATRICK J</b>		<b>Transaction ID: SB23.6457</b> Date of Disbursement 12 / 20 / 2005
Mailing Address 157 N MAIN ST		Amount of Each Disbursement this Period 500.00
City NEW HOPE	State PA	
Zip Code 18938		
Purpose of Disbursement Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA District: 08		011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. TRANSPORTATION TRADES DEPT PAC</b>		<b>Transaction ID: SB23.6551</b> Date of Disbursement 12 / 20 / 2005
Mailing Address 888 16TH STREET NW SUITE 650		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	
Zip Code 20006		
Purpose of Disbursement CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. VAN HOLLEN FOR CONGRESS</b>		<b>Transaction ID: SB23.6449</b> Date of Disbursement 11 / 30 / 2005
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 500.00
City Kennington	State MD	
Zip Code 20895		
Purpose of Disbursement Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MD District: 08		011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial)  
**A. WALTER JONES COMMITTEE 2006**

**Transaction ID: SB23.6430**

Date of Disbursement

Mailing Address PO BOX 99667

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	5

City RALEIGH State NC Zip Code 27624

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

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

1000.00
---------

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

10000.00
----------

# 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 19 / 25

<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)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. AVA JOHNSON FOR TOWNSHIP COMMITTEE</b>		<b>Transaction ID: SB29.6488</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address NEPTUNE TOWNSHIP COMMITTEE 83 MAIN AVENUE		Amount of Each Disbursement this Period 100.00
City OCEAN GROVE	State NJ	
Zip Code 07756		011 Category/ Type
Purpose of Disbursement TOWNSHIP COMMITTEE		
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>B. BOB GORDON FOR ASSEMBLY</b>		<b>Transaction ID: SB29.6466</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5
Mailing Address 354 PLAZA ROAD NORTH		Amount of Each Disbursement this Period 150.00
City FAIRLAWN	State NJ	
Zip Code 07410		011 Category/ Type
Purpose of Disbursement NEW JERSEY STATE ASSEMBLY		
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>C. CONNERS FOR ASSEMBLY</b>		<b>Transaction ID: SB29.6472</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 907 MORGAN AVENUE		Amount of Each Disbursement this Period 150.00
City PALMYRA	State NJ	
Zip Code 08065		011 Category/ Type
Purpose of Disbursement NEW JERSEY STATE ASSEMBLY		
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) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. CORZINE FOR GOVERNOR</b>		Transaction ID: SB29.6474 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address PO BOX 200419		Amount of Each Disbursement this Period 100.00
City NEWARK State NJ Zip Code 07102	Purpose of Disbursement NEW JERSEY GOVERNOR Candidate Name Category/Type 011	
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. DOYLE FOR COUNCIL</b>		Transaction ID: SB29.6491 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 16 OAKWOOD VILLAGE #3		Amount of Each Disbursement this Period 100.00
City FLANDERS State NJ Zip Code 07836	Purpose of Disbursement TOWN COUNCIL Candidate Name Category/Type 011	
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. ELECTION FUND OF BOB SMITH</b>		Transaction ID: SB29.6493 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 830 SHIRLEY PARKWAY		Amount of Each Disbursement this Period 150.00
City PISCATAWAY State NJ Zip Code 08854	Purpose of Disbursement NEW JERSEY STATE SENATE Candidate Name Category/Type 011	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. ELECTION FUND OF LINDA LORDI CAVANAUGH</b>		Transaction ID: SB29.6498 Date of Disbursement																					
Mailing Address 9 LATAS CIRCLE		<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>1</td><td>1</td><td>/</td><td>0</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	1	1	/	0	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	3	/	2	0	0	5														
City WEST ORGANGE	State NJ	Zip Code 07052	Amount of Each Disbursement this Period																				
Purpose of Disbursement FREEHOLDER		011 Category/ Type	500.00																				
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. JIM WHALEN FOR ASSEMBLY</b>		Transaction ID: SB29.6501 Date of Disbursement																					
Mailing Address PO BOX 362		<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>1</td><td>1</td><td>/</td><td>0</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	1	1	/	0	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	3	/	2	0	0	5														
City NORTHFIELD	State NJ	Zip Code 08225	Amount of Each Disbursement this Period																				
Purpose of Disbursement NEW JERSEY STATE ASSEMBLY		011 Category/ Type	500.00																				
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>C. KEEP WASHINGTON ROLLING</b>		Transaction ID: SB29.6485 Date of Disbursement																					
Mailing Address PO BOX 2505		<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>1</td><td>0</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	1	0	/	0	4	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	4	/	2	0	0	5														
City SEATTLE	State WA	Zip Code 98111	Amount of Each Disbursement this Period																				
Purpose of Disbursement		011 Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<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 22 / 25

<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)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. NJ DEMOCRATIC MUNICIPAL COMMITTEE</b>		<b>Transaction ID: SB29.6477</b> Date of Disbursement
Mailing Address		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
City	State	Zip Code
Purpose of Disbursement NICK SACCO FOR MAYOR		<input type="text" value="250.00"/>
Candidate Name		<input type="text" value="011"/> 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. OAKLAND DEMOCRATIC MUNICIPAL COMMITTEE</b>		<b>Transaction ID: SB29.6463</b> Date of Disbursement
Mailing Address PO BOX D		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City	State	Zip Code
OAKLAND	NJ	07436
Purpose of Disbursement OAKLAND NJ COUNCILMAN		<input type="text" value="150.00"/>
Candidate Name		<input type="text" value="011"/> 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. PNC BANK</b>		<b>Transaction ID: SB29.6506</b> Date of Disbursement
Mailing Address PO BOX 609		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City	State	Zip Code
PITTSBURGH	PA	15230
Purpose of Disbursement ACCOUNT FEES		<input type="text" value="28.09"/>
Candidate Name		<input type="text" value="001"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="428.09"/>
<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 23 / 25

<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)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. PNC BANK</b>		<b>Transaction ID: SB29.6509</b> Date of Disbursement
Mailing Address PO BOX 609		<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="2005"/>
City PITTSBURGH	State PA	Zip Code 15230
Purpose of Disbursement ACCOUNT FEES	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="32.53"/>

Full Name (Last, First, Middle Initial) <b>B. PNC BANK</b>		<b>Transaction ID: SB29.6511</b> Date of Disbursement
Mailing Address PO BOX 609		<input type="text" value="09"/> <input type="text" value="06"/> / <input type="text" value="2005"/>
City PITTSBURGH	State PA	Zip Code 15230
Purpose of Disbursement ACCOUNT FEES	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="49.03"/>

Full Name (Last, First, Middle Initial) <b>C. PNC BANK</b>		<b>Transaction ID: SB29.6512</b> Date of Disbursement
Mailing Address PO BOX 609		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="2005"/>
City PITTSBURGH	State PA	Zip Code 15230
Purpose of Disbursement ACCOUNT FEES	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="37.34"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="118.90"/>
<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

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NAME OF COMMITTEE (In Full)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. PNC BANK</b>		<b>Transaction ID: SB29.6513</b> Date of Disbursement																					
Mailing Address PO BOX 609		<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>1</td><td>1</td><td>/</td><td>0</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	1	1	/	0	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	3	/	2	0	0	5														
City PITTSBURGH	State PA	Zip Code 15230																					
Purpose of Disbursement ACCOUNT FEES		<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		001	Category/ Type																		
001																							
Category/ Type																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Amount of Each Disbursement this Period  
28.50

Full Name (Last, First, Middle Initial) <b>B. PNC BANK</b>		<b>Transaction ID: SB29.6564</b> Date of Disbursement																					
Mailing Address PO BOX 609		<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>1</td><td>2</td><td>/</td><td>3</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	1	2	/	3	1	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	1	/	2	0	0	5														
City PITTSBURGH	State PA	Zip Code 15230																					
Purpose of Disbursement BANK FEES & SERVICE CHARGES		<table border="1"> <tr> <td> </td> </tr> <tr> <td>Category/ Type</td> </tr> </table>			Category/ Type																		
Category/ Type																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Amount of Each Disbursement this Period  
41.94

Full Name (Last, First, Middle Initial) <b>C. STEELE FOR ASSEMBLY</b>		<b>Transaction ID: SB29.6479</b> Date of Disbursement																					
Mailing Address 155 POLIFLY ROAD SUITE 103		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	4	/	2	0	0	5														
City HACKENSACK	State NJ	Zip Code 07601																					
Purpose of Disbursement NEW JERSEY STATE ASSEMBLY		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
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:																							

Amount of Each Disbursement this Period  
150.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>220.44</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 25 / 25

<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)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Full Name (Last, First, Middle Initial) <b>A. THE ELECTION FUND OF JOHN S ISNIEWSKI</b>		<b>Transaction ID:</b> SB29.6482 Date of Disbursement
Mailing Address 3145 BORDENTOWN AVENUE SUITE C-1A		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2005"/>
City PARLIN	State NJ	Zip Code 08859
Purpose of Disbursement NEW JERSEY STATE ASSEMBLY		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
		Amount of Each Disbursement this Period <input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. THOM JACKSON FOR ASSEMBLY</b>		<b>Transaction ID:</b> SB29.6495 Date of Disbursement
Mailing Address 11 WASHINGTON STREET PO BOX 9090		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City MORRISTOWN	State NJ	Zip Code 07960
Purpose of Disbursement NEW JERSEY STATE ASSEMBLY		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

Full Name (Last, First, Middle Initial) <b>C. WOLFE &amp; RYAN FOR LAKE COMO COUNCIL</b>		<b>Transaction ID:</b> SB29.6469 Date of Disbursement
Mailing Address 1706 E STREET		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City SOUTH BELMAR	State NJ	Zip Code 07719
Purpose of Disbursement LAKE COMO NEW JERSEY COUNCIL		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3917.43"/>