

**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 15 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **205 WEST 14TH STREET**  
 Check if different than previously reported. (ACC) **NEW YORK NY 10011**

2. **FEC IDENTIFICATION NUMBER** **C00163956** **CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT**  **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 X January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 **ROBERT SHAW**  
 Signature of Treasurer Electronically Filed by ROBERT SHAW Date **01 23 2002**

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 (Revised 1/2001)

Page 2

Write or Type Committee Name  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>MO</sup> 07 <sup>DAY</sup> 01 <sup>YEAR</sup> 2001 To: <sup>MO</sup> 12 <sup>DAY</sup> 31 <sup>YEAR</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>MO</sup> 01 <sup>YEAR</sup> 2001		246928.68
(b) Cash on Hand at Beginning of Reporting Period .....	303736.78	
(c) Total Receipts (from Line 19) .....	95605.28	171829.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	399342.06	418657.94
7. Total Disbursements (from Line 30) .....	93388.40	112704.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	305953.66	305953.66
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Write or Type Committee Name

I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	
(ii) Unitemized .....	94714.63	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	94714.63	169373.52
(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 32, page 4) .....	94714.63	169373.52
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 36, page 4) .....	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.) .....	890.65	2455.74
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	95605.28	171829.26
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	95605.28	171829.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93350.00	112550.00
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.....	38.40	154.26
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	93388.40	112704.26
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	93388.40	112704.26
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	94714.63	169373.52
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	94714.63	169373.52
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER:  
(check only one)

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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				

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 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ALFRED E. SMITH MEMORIAL FUND</b>		Date of Disbursement 10 / 01 / 2001	
Mailing Address 1011 1ST AVENUE SUITE 1400 City State Zip Code NEW YORK NY 10022		Amount of Each Disbursement this Period 1600.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	Transaction ID: SB23.4250	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AUDUBON NEW YORK</b>		Date of Disbursement 09 / 04 / 2001	
Mailing Address 200 TRILLIUM LANE City State Zip Code ALBANY NY 12203		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	Transaction ID: SB23.4239	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BLDG TRADES FAMILIES RELIEF FUND</b>		Date of Disbursement 10 / 18 / 2001	
Mailing Address 815 16TH STREET NW SUITE 800 City State Zip Code WASHINGTON DC 20008		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	Transaction ID: SB23.4254	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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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				

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO RE ELECT ED TOWNS</b>		Date of Disbursement 12 / 19 / 2001
Mailing Address 438 LEWIS AVE City: BROOKLYN State: NY Zip Code: 11233		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Transaction ID: SB23.4266
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	
State: NY District: 10		

Full Name (Last, First, Middle Initial) <b>B. CROWLEY FOR CONGRESS</b>		Date of Disbursement 10 / 24 / 2001
Mailing Address 84-58 GRAND AVENUE City: ELMHURST State: NY Zip Code: 11373		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Transaction ID: SB23.4258
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	
State: NY District: 07		

Full Name (Last, First, Middle Initial) <b>C. ENGEL FOR CONGRESS</b>		Date of Disbursement 11 / 16 / 2001
Mailing Address 462 CALIFORNIA RD City: BRONXVILLE State: NY Zip Code: 10708		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Transaction ID: SB23.4261
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	
State: NY District: 17		

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

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

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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				

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ANTHONY WEINER</b>		Date of Disbursement 07 <sup>th</sup> / 23 <sup>rd</sup> / 2001	
Mailing Address P.O BOX 260-346 City BROOKLYN		State NY	Zip Code 11228
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Amount of Each Disbursement this Period 500.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" 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) ▼ OTHER		
State: NY      District: 8	Transaction ID: SB23.4207		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CAROLYN MCCARTHY</b>		Date of Disbursement 11 <sup>th</sup> / 07 <sup>th</sup> / 2001	
Mailing Address 151 LINDEN ROAD City MINEOLA		State NY	Zip Code 11501
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" 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) ▼ OTHER		
State: NY      District: 04	Transaction ID: SB23.4260		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF PATAKI C/O NYS CONF</b>		Date of Disbursement 08 <sup>th</sup> / 01 <sup>st</sup> / 2001	
Mailing Address 100 SOUTH SWAN STREET City ALBANY		State NY	Zip Code 12210
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Amount of Each Disbursement this Period 500.00	
Candidate Name		Category/ Type	
Office Sought:      House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ OTHER		
State:      District:	Transaction ID: SB23.4276		

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

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

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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				

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. IUOE INTERNATIONAL DISASTER FUND</b>			Date of Disbursement 09 / 25 / 2001	
Mailing Address 1125 SEVENTEENTH STREET NW City State Zip Code WASHINGTON DC 20036			Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	Transaction ID: SB23.4244	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. JOHN SWEENEY FOR CONGRESS</b>			Date of Disbursement 08 / 01 / 2001	
Mailing Address 355 LEXINGTON AVENUE SUITE 1001 City State Zip Code NEW YORK NY 10017			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought:	<input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	Transaction ID: SB23.4229	
State: NY	District: 22			

Full Name (Last, First, Middle Initial) <b>C. LOCAL 94 DISASTER RELIEF FUND</b>			Date of Disbursement 09 / 25 / 2001	
Mailing Address 331-337 WEST 44TH STREET City State Zip Code NEW YORK NY 10036			Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼ OTHER	Transaction ID: SB23.4248	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>60500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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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
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				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MARCH OF DIMES</b>		Date of Disbursement 09 / 25 / 2001
Mailing Address 233 PARK AVENUE City NEW YORK State NY Zip Code 10013		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Transaction ID: SB23.4242
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> OTHER	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NADLER FOR CONGRESS INC</b>		Date of Disbursement 09 / 04 / 2001
Mailing Address 18 EAST 16TH STREET SUITE 401 City NEW YORK State NY Zip Code 10003		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Transaction ID: SB23.4241
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> OTHER	
State: NY District: 08		

Full Name (Last, First, Middle Initial) <b>C. NADLER FOR CONGRESS INC</b>		Date of Disbursement 10 / 24 / 2001
Mailing Address 18 EAST 16TH STREET SUITE 401 City NEW YORK State NY Zip Code 10003		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Transaction ID: SB23.4259
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> OTHER	
State: NY District: 08		

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

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

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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
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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NEW YORK BUILDING CONGRESS INC PAC</b>			Date of Disbursement 10 / 01 / 2001	
Mailing Address 44 WEST 28TH STREET 12TH FLOOR City NEW YORK State NY Zip Code 10001			Amount of Each Disbursement this Period 2250.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> OTHER		Transaction ID: SB23.4252	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NEW YORK FRIENDS OF IRELAND</b>			Date of Disbursement 08 / 01 / 2001	
Mailing Address 345 WEST 44TH STREET City NEW YORK State NY Zip Code 10036			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> OTHER		Transaction ID: SB23.4224	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. NITA LOWEY FOR CONGRESS</b>			Date of Disbursement 12 / 19 / 2001	
Mailing Address PO BOX 271 City WHITE PLAINS State NY Zip Code 10605			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> OTHER		Transaction ID: SB23.4264	
State: NY District: 18				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NORTHEAST TEA - 3 COALITION</b>		Date of Disbursement 08 / 01 / 2001	
Mailing Address RARITAN CTR PLAZA City State Zip Code EDISON NJ 08837		Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION		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) ▼ OTHER	
State:	District:	Transaction ID: SB23.4222	

Full Name (Last, First, Middle Initial) <b>B. SUE KELLY FOR CONGRESS</b>		Date of Disbursement 12 / 19 / 2001	
Mailing Address 700 WHITE PLAINS ROAD SUITE 301 City State Zip Code SCARSDALE NY 10583		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement VOLUNTARY CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought:	<input checked="" 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) ▼ OTHER	
State: NY	District: 19	Transaction ID: SB23.4273	

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>93350.00</b>

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AG EDWARDS TRUST COMPANY</b>		Date of Disbursement 08 / 01 / 2001	
Mailing Address TWO NORTH JEFFERSON City ST. LOUIS State MO Zip Code 63166-9844		Amount of Each Disbursement this Period 38.40	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B29.4275	
State: District:			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>38.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>38.40</b>