

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
IBEW-LU 313 PAC

ADDRESS (number and street) 653 SKIPPACK PIKE SUITE 300
C/O RESNICK AMSTERDAM LESHNER PC
 Check if different than previously reported. (ACC)
BLUE BELL PA 19422

2. **FEC IDENTIFICATION NUMBER** C00143396
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

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 2007 through 12 31 2007

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 DOUG DRUMMOND

Signature of Treasurer Electronically Filed by DOUG DRUMMOND Date 01 22 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
IBEW-LU 313 PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		5155.14
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	28373.58									
(c) Total Receipts (from Line 19)	93.06	26346.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28466.64	31501.94								
7. Total Disbursements (from Line 31)	9400.00	12435.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19066.64	19066.64								
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**

Write or Type Committee Name
IBEW-LU 313 PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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)	0.00	25980.12
(ii) Unitemized	0.00	25980.12
(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)	0.00	25980.12
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.)	93.06	366.68
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))	93.06	26346.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	93.06	26346.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	9400.00	12425.30
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.....	0.00	10.00
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))..	9400.00	12435.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9400.00	12435.30

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)	0.00	25980.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	25980.12
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" 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)
IBEW-LU 313 PAC

A.	Full Name (Last, First, Middle Initial) WILMINGTON TRUST COMPANY		Date of Receipt
	Mailing Address 1100 N. MARKET STREET		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	WILMINGTON	DE	19890
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4185
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.61"/>
		<input type="text" value="274.23"/>	

B.	Full Name (Last, First, Middle Initial) WILMINGTON TRUST COMPANY		Date of Receipt
	Mailing Address 1100 N. MARKET STREET		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	WILMINGTON	DE	19890
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4190
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="38.18"/>
		<input type="text" value="312.41"/>	

C.	Full Name (Last, First, Middle Initial) WILMINGTON TRUST COMPANY		Date of Receipt
	Mailing Address 1100 N. MARKET STREET		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	WILMINGTON	DE	19890
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4191
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="18.79"/>
		<input type="text" value="331.20"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="57.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)
IBEW-LU 313 PAC

A.	Full Name (Last, First, Middle Initial) WILMINGTON TRUST COMPANY		Date of Receipt
	Mailing Address 1100 N. MARKET STREET		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	WILMINGTON	DE	19890
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.4192
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.11"/>	

B.	Full Name (Last, First, Middle Initial) WILMINGTON TRUST COMPANY		Date of Receipt
	Mailing Address 1100 N. MARKET STREET		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	WILMINGTON	DE	19890
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.4193
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="366.68"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="35.48"/>
TOTAL This Period (last page this line number only)	<input type="text" value="93.06"/>

**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

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NAME OF COMMITTEE (In Full)
IBEW-LU 313 PAC

A.	Full Name (Last, First, Middle Initial) 38th District Democratic Committee	Transaction ID: SB23.4170 Date of Disbursement
	Mailing Address 48 Rock Elm Drive	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Selbyville State DE Zip Code 19975	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="100.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	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.	Full Name (Last, First, Middle Initial) Citizens for Chris Coons	Transaction ID: SB23.4171 Date of Disbursement
	Mailing Address P.O Box 9900	<input type="text" value="09"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Newark State DE Zip Code 19714	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="300.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	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:	

C.	Full Name (Last, First, Middle Initial) Citizens to Elect George Smiley	Transaction ID: SB23.4172 Date of Disbursement
	Mailing Address 10 Varmar Drive	<input type="text" value="10"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="200.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
IBEW-LU 313 PAC

A.	Full Name (Last, First, Middle Initial) COMMITTEE- ELECT JOHN CARTIER	Transaction ID: SB23.4177 Date of Disbursement
	Mailing Address 107 WEST 40TH STREET	<input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="24"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="Y"/> <input type="text" value="07"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	City WILMINGTON State DE Zip Code 19802	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="90.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	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.	Full Name (Last, First, Middle Initial) Committee to Elect Bill Carson	Transaction ID: SB23.4173 Date of Disbursement
	Mailing Address 680 Lake Drive West	<input type="text" value="11"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="16"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="Y"/> <input type="text" value="07"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	City Smyrna State DE Zip Code 19977	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="600.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	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:	

C.	Full Name (Last, First, Middle Initial) Committee to Elect Bryon Short	Transaction ID: SB23.4174 Date of Disbursement
	Mailing Address PO Box 755	<input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="24"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="Y"/> <input type="text" value="07"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	City Claymont State DE Zip Code 19703	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="200.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="890.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<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)
IBEW-LU 313 PAC

A.	Full Name (Last, First, Middle Initial) Committee to Elect Dave Tacket	Transaction ID: SB23.4175 Date of Disbursement
	Mailing Address 312 E. Silverfox Road	<input type="text" value="10"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Newark State DE Zip Code 19702	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Helene Keeley	Transaction ID: SB23.4176 Date of Disbursement
	Mailing Address 2119 Gilles Street	<input type="text" value="09"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Wilmington State DE Zip Code 19805	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Kowalko	Transaction ID: SB23.4178 Date of Disbursement
	Mailing Address 134 N. Dillwyn Road	<input type="text" value="10"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Newark State DE Zip Code 19711	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
IBEW-LU 313 PAC

A.	Full Name (Last, First, Middle Initial) Delaware democratic chairman's club	Transaction ID: SB23.4179 Date of Disbursement
	Mailing Address 19 E. Commons Blvd 2nd Floor	<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="6000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ennis Senate campaign committee	Transaction ID: SB23.4180 Date of Disbursement
	Mailing Address 522 Smyrna-Clayton blvd	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City Smyrna State DE Zip Code 19977	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kent County Democratic Committee	Transaction ID: SB23.4181 Date of Disbursement
	Mailing Address 3393 Hillsmarket Road	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Felton State DE Zip Code 19943	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6850.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
IBEW-LU 313 PAC

A. Full Name (Last, First, Middle Initial) People For Brady <hr/> Mailing Address 1804 Shallcross Ave <hr/> City Wilmington State DE Zip Code 19806 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4182 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text"/> 300.00
B. Full Name (Last, First, Middle Initial) Sussex County Democratic Committee <hr/> Mailing Address 201 Greenway Drive <hr/> City Dagsbuoro State DE Zip Code 19939 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4183 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text"/> 60.00

SUBTOTAL of Disbursements This Page (optional) ►

360.00

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

9400.00