

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

ADDRESS (number and street)

65 SPRINGFIELD AVE

☐Check if different
than previously
reported. (ACC)

SPRINGFIELD

NJ

07081

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017194

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

24

2006

through

09

30

2006

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

Type or Print Name of Treasurer

I.U.O.E. Local825 Joseph Whittles

Signature of Treasurer

Electronically Filed by I.U.O.E. Local825 Joseph Whittles

Date

12

27

2006

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	2	4	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		101412.85
(b) Cash on Hand at Beginning of Reporting Period	87231.45	
(c) Total Receipts (from Line 19)	31483.32	205708.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118714.77	307121.38
7. Total Disbursements (from Line 31)	15109.69	203516.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103605.08	103605.08
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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	2	4	2	0	0	6

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	31373.33	205287.79
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	31373.33	205287.79
(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) ➤	31373.33	205287.79
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)	61.77	61.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	48.22	358.97
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))	31483.32	205708.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31483.32	205708.53

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1609.69	16536.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1609.69	16536.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	50000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	16650.00
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.....	11500.00	120330.00
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))..	15109.69	203516.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15109.69	203516.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	31373.33	205287.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31373.33	205287.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1609.69	16536.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	61.77	61.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1547.92	16474.53

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.Mailing Address NC8502
P.O. BOX 563966City State Zip Code
CHARLOTTE NC 28262-3966FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117807.63

Date of Receipt

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

Transaction ID: SA15.5471

Amount of Each Receipt this Period

40.24

Interest Earned (VOIDED -
10/31/05)**B.** Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.Mailing Address NC8502
P.O. BOX 563966City State Zip Code
CHARLOTTE NC 28262-3966FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117829.16

Date of Receipt

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

Transaction ID: SA15.5472

Amount of Each Receipt this Period

21.53

Interest Earned (VOIDED -
11/10/05)

SUBTOTAL of Receipts This Page (optional)

61.77

TOTAL This Period (last page this line number only)

61.77

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 / 23

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City State Zip Code
CHARLOTTE NC 28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117720.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA17.5261

Amount of Each Receipt this Period

0.92

Interest Earned

B. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City State Zip Code
CHARLOTTE NC 28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117720.54

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 6

Transaction ID: SA17.5264

Amount of Each Receipt this Period

0.45

Interest Earned

C. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City State Zip Code
CHARLOTTE NC 28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117721.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: SA17.5262

Amount of Each Receipt this Period

0.89

Interest Earned

SUBTOTAL of Receipts This Page (optional)

2.26

TOTAL 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: PAGE 8 / 23

(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)

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

A. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.Mailing Address NC8502
P.O. BOX 563966City State Zip Code
CHARLOTTE NC 28262-3966FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117766.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Transaction ID: SA17.5263

Amount of Each Receipt this Period

45.46

Interest Earned

B. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.Mailing Address NC8502
P.O. BOX 563966City State Zip Code
CHARLOTTE NC 28262-3966FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117767.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Transaction ID: SA17.5265

Amount of Each Receipt this Period

0.50

Interest Earned

SUBTOTAL of Receipts This Page (optional)

45.96

TOTAL This Period (last page this line number only)

48.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 23

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ST. PAUL TRAVELERS

Mailing Address CL & Specialty Remittance Ctr

City Hartford State CT Zip Code 06183

Purpose of Disbursement
PAC Insurance/ Commercial

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5317

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

1549.00

Full Name (Last, First, Middle Initial)

B. WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City CHARLOTTE State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5266

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

C. WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City CHARLOTTE State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5270

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

1559.00

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 10 / 23

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City CHARLOTTE State NC Zip Code 28262-3966

Purpose of Disbursement

Bank Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5268

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City CHARLOTTE State NC Zip Code 28262-3966

Purpose of Disbursement

Bank Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5269

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

40.69

Full Name (Last, First, Middle Initial)

C. WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City CHARLOTTE State NC Zip Code 28262-3966

Purpose of Disbursement

Bank Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5271

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

50.69

TOTAL This Period (last page this line number only)

1609.69

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement
Reception/District 6

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ

District: 06

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5311

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

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 12 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. BCA-NJ PAC

Mailing Address Raritan Center Plaza II
Fieldcrest Avenue

City Edison State NJ Zip Code 08837

Purpose of Disbursement
Souvenir Journal

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5272

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BCA-NJ PAC

Mailing Address Raritan Center Plaza II
Fieldcrest Avenue

City Edison State NJ Zip Code 08837

Purpose of Disbursement
Cocktail Sponsor

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5273

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BERGEN COPE

Mailing Address 205 Robin Road
Suite 220

City Paramus State NJ Zip Code 07652

Purpose of Disbursement
Reception Sponsor

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5279

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. BOB LEVY FOR MAYOR

Mailing Address

City

State

Zip Code

Purpose of Disbursement

VOID Check (Dir. Cont. - 11/02/05)

Candidate Name

011
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. CAMDEN COUNTY DEMOCRATIC COMMITTEE

Mailing Address 2240-15 Route 70 West

City

Cherry Hill

State

NJ

Zip Code

08002

Purpose of Disbursement

Reception

Candidate Name

011
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006
☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Cmte. to Elect Aileen Gunther

Mailing Address

City

State

Zip Code

Purpose of Disbursement

VOID Check (Dinner Tickets - 09/30/03)

Candidate Name

011
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-150.00

SUBTOTAL of Disbursements This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. CMTE. TO ELECT ANIBAL RAMOS, JR.

Mailing Address P.O. Box 400121

City Newark State NJ Zip Code 07104

Purpose of Disbursement
Cocktail Reception/Newark Council

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5291

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. CMTE. TO ELECT GLEN VETRANO FREEHOLDER

Mailing Address 12 Plotts Road

City Newton State NJ Zip Code 07860

Purpose of Disbursement
Reception/Sussex Freeholder

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5282

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. CMTE. TO ELECT MONIQUA DIAZ-CORLEY

Mailing Address 1 Alva Lane

City Monticello State NY Zip Code 12701

Purpose of Disbursement
Direct Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5304

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1650.00

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 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. CMTE. TO RE-ELECT BONNIE KRAHAM

Mailing Address P.O. Box 1003

City Goshen State NY Zip Code 10924

Purpose of Disbursement
VOID Check (Dir. Cont. - 07/20/05)

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB29.5444

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

B. CMTE. TO RE-ELECT BUTCH ANDERSON

Mailing Address 84 South Randolph Avenue

City Poughkeepsie State NY Zip Code 12601

Purpose of Disbursement
Sponsorship

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

Transaction ID: SB29.5300

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

C. CMTE TO ELECT TED YEOMANS

Mailing Address 3592 State Rt. 55, Apt. 16

City Kauneonga Lake State NY Zip Code 12749

Purpose of Disbursement
Direct Contribution/Council Town of Beth

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

Transaction ID: SB29.5307

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. CMTE TO RE-ELECT PAULA LEONARD

Mailing Address

City

State

Zip Code

Purpose of Disbursement

VOID Check (Dir. Cont. - 10/21/05)

Candidate Name

011
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5445

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-300.00

Full Name (Last, First, Middle Initial)

B. DAVID MAYER FOR ASSEMBLY

Mailing Address P.O. Box 4028

City

Lindenwold

State

NJ

Zip Code

08021

Purpose of Disbursement

Reception/Assembly District 4

Candidate Name

011
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5275

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EAST HANOVER MAYOR'S GALA

Mailing Address P.O. Box 104

City

East Hanover

State

NJ

Zip Code

07936

Purpose of Disbursement

Reception

Candidate Name

011
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5280

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. EFO MICHAEL KISIELEWSKI FOR RUNNEMEDE

Mailing Address 204 Walnut Avenue

City Magnolia State NJ Zip Code 08049

Purpose of Disbursement
Direct Contribution/Runnemedede Council

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5277

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF GARBOWSKI FOR COUNCIL

Mailing Address P.O. Box 2923

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement
Cocktail Reception

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5284

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Election Fund of Joseph V. Doria, Jr.

Mailing Address PO Box 1063

City Bayonne State NJ Zip Code 07002

Purpose of Disbursement
VOID Check (Dinner Tickets - 09/01/04)

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5446

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-1500.00

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 23

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF LUIS QUINTANA

Mailing Address P.O. Box 867

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Cocktail Reception/Newark Council

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5289

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF WILFREDO CARABALLO

Mailing Address 21 Kingman Road

City
South Orange

State
NJ

Zip Code
07079

Purpose of Disbursement
Reception

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5295

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. FRED SCALERA CAMPAIGN COMMITTEE

Mailing Address 1315 West State Street 6D

City
Trenton

State
NJ

Zip Code

Purpose of Disbursement
Breakfast Reception

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

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 19 / 23

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ALEX GROMACK

Mailing Address 23 Reginald Drive

City State Zip Code
 Congers NY 10920

Purpose of Disbursement
 VOID Check (Dinner Tickets - 06/08/04)

Candidate Name

011
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5448

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-1400.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ASSEMBLYMAN CLIFF CROUCH

Mailing Address PO BOX 97

City State Zip Code
 BAINBRIDGE NY 13733

Purpose of Disbursement
 Sponsorship

Candidate Name

011
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5302

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mike FRIENDS OF MIKE FERGUSON

Mailing Address PO Box 125

City State Zip Code
 Cliffside Park NJ 07010

Purpose of Disbursement
 VOID Check (Contribution - 10/25/04)

Candidate Name

011
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5449

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-1900.00

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 20 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. LEVINSON FOR EXECUTIVE

Mailing Address c/o F.A. Barbera
3106 Atlantic Avenue

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
VOID Check (Dir. Cont. - 08/08/05)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.5450

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. LOBIONDO FOR CONGRESS

Mailing Address PO BOX 775

City MARMORA State NJ Zip Code 08223

Purpose of Disbursement
VOID Check (Contribution - 06/29/05)

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 02

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

Transaction ID: SB29.5451

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. OCDSPBA

Mailing Address PO Box 453

City Goshen State NY Zip Code 10924

Purpose of Disbursement
VOID Check (Donation - 06/08/04)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.5452

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-100.00

SUBTOTAL of Disbursements This Page (optional)

-3100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ORANGE COUNTY DEMOCRATIC CMTE.

Mailing Address c/o Jonathan Jacobson, Cty Chair
843 Union Avenue-2nd Floor

City New Windsor State NY Zip Code 12553

Purpose of Disbursement
VOID Check (Sponsorship - 09/02/05)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.5453

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. Sayreville Democratic Committee

Mailing Address 3145 Bordentown Avenue
Suite C1A

City Parlin State NJ Zip Code 08859

Purpose of Disbursement
VOID Check (Dinner Tickets - 10/21/04)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.5454

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-100.00

Full Name (Last, First, Middle Initial)

C. SOUTHERN NJ AFL-CIO COPE

Mailing Address 4212 Beacon Avenue

City Pennsauken State NJ Zip Code 08109

Purpose of Disbursement
COPE Reception

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5287

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional)

1150.00

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 22 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. The Senator Kyrillos Committee

Mailing Address 2507 Beech Street

City Point Pleasant State NJ Zip Code 08742

Purpose of Disbursement
Cocktail Reception

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5293

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ulster County Democratic Committee

Mailing Address 292-C Fair Street

City Kingston State NY Zip Code 12401

Purpose of Disbursement
Ad Journal Sponsor

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5305

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Union County Democratic Committee

Mailing Address 65 King Street

City Hillside State NJ Zip Code 07205

Purpose of Disbursement
VOID Check (Dinner Tickets - 10/25/04)

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5455

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional)

-700.00

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 23 / 23

<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)

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

Full Name (Last, First, Middle Initial)

A. WEST DEPTFORD DEMOCRATIC COMMITTEE

Mailing Address P.O. Box 355

City
Thorofare

State
NJ

Zip Code
08086

Purpose of Disbursement
Cocktail Reception

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.5286

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2006

Amount of Each Disbursement this Period

1600.00

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

11500.00