

A. Form/Schedule : **F3XN**

CONTRIBUTIONS ARE RECEIVED BY INDIVIDUALS TOTALING UNDER \$200 EACH IN THE AGGREGATE.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		305771.98
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	305771.98									
(c) Total Receipts (from Line 19)	14185.57	14185.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	319957.55	319957.55								
7. Total Disbursements (from Line 31)	51269.00	51269.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	268688.55	268688.55								
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. 06/2004)

Write or Type Committee Name

PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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	0.00
(ii) Unitemized	14185.57	14185.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14185.57	14185.57
(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)	14185.57	14185.57
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14185.57	14185.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14185.57	14185.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	5500.00	5500.00
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.....	45769.00	45769.00
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))..	51269.00	51269.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51269.00	51269.00

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	14185.57	14185.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14185.57	14185.57
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 B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FOLEY FOR SENATE <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6599 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS <hr/> Mailing Address PO Box 469 <hr/> City State Zip Code Beacon NY 12508 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6629 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KRATOVIL FOR CONGRESS <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6627 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MCMAHON FOR CONGRESS	Transaction ID: SB23.6635 Date of Disbursement 03 / 18 / 2010
	Mailing Address 585 North Gannon Avenue	Amount of Each Disbursement this Period 1000.00
	City Staten Island State NY Zip Code 10314	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) NADLER FOR CONGRESS	Transaction ID: SB23.6642 Date of Disbursement 03 / 31 / 2010
	Mailing Address Village Station PO Box 40	Amount of Each Disbursement this Period 1000.00
	City New York State NY Zip Code 10014	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS	Transaction ID: SB23.6631 Date of Disbursement 03 / 18 / 2010
	Mailing Address	Amount of Each Disbursement this Period 1000.00
	City State Zip Code	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 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)	3000.00
TOTAL This Period (last page this line number only)	5500.00

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)

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BENEDETTO FOR NY</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.6582</p> <p>Date of Disbursement 01 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BRONX CONSERVATIVE COMMITTEE</p> <p>Mailing Address 415 MINNIESFORD AVENUE</p> <p>City State Zip Code BRONX NY 10464</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.6625</p> <p>Date of Disbursement 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 990.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) BROOKLYN INDEPENDENT DEMOCRATS</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.6613</p> <p>Date of Disbursement 02 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1990.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BUILDING AND CONSTRUCTIONS TRADE COUNCIL Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name 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: SB29.6603 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0 Amount of Each Disbursement this Period 2100.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) COMMITTEE FOR AUDREY PHEFFER Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name 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: SB29.6589 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0 Amount of Each Disbursement this Period 500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) CUSICK FOR ASSEMBLY Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name 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: SB29.6636 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0 Amount of Each Disbursement this Period 500.00 011 Category/ Type

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)

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC COUNTY COMMITTEE	Transaction ID: SB29.6639 Date of Disbursement
	Mailing Address 274 WATCHOGUE ROAD	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City State Zip Code STATEN ISLAND NY 10314	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="011"/> 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) DEMOCRATIC ORGANIZATION OF QUEENS COUNTY	Transaction ID: SB29.6641 Date of Disbursement
	Mailing Address 72-50 AUSTIN STREET	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City State Zip Code FOREST HILLS NY 11375	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="4000.00"/>
	Candidate Name	<input type="text" value="011"/> 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) DINAPOLI 2010	Transaction ID: SB29.6587 Date of Disbursement
	Mailing Address	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> 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="5500.00"/>
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 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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FRIENDS OF BILL COLTON <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6620 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF CATHERINE NOLAN <hr/> Mailing Address P.O. BOX 640698 <hr/> City State Zip Code OAKLAND GARDENS NY 11364-0698 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6612 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF HYER-SPENCER <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6644 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIMMY VACCA	Transaction ID: SB29.6615 Date of Disbursement 02 / 16 / 2010
	Mailing Address	Amount of Each Disbursement this Period 500.00
	City State Zip Code	
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	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) FRIENDS OF MIKE MILLER FOR STATE ASSEMBLY	Transaction ID: SB29.6637 Date of Disbursement 03 / 18 / 2010
	Mailing Address	Amount of Each Disbursement this Period 500.00
	City State Zip Code	
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	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) FRIENDS OF RICHARD BRODSKY	Transaction ID: SB29.6633 Date of Disbursement 03 / 18 / 2010
	Mailing Address	Amount of Each Disbursement this Period 2500.00
	City State Zip Code	
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	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)	3500.00
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)

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SILVER <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6622 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF TOM BORNEMANN <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6604 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) GENTILE 2010 <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6584 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JIMMY VAN BRAMER INAUGURAL FUND <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6600 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) KAREN KOSLOWITZ INAUGURAL COMMITTEE <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6591 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) MICHAEL G. DEN DEKKER FOR ASSEMBLY <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <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: SB29.6593 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
NEW YORK BUILDING CONGRESS INDUSTRY STATE

Transaction ID: SB29.6602

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

250.00

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)
PATERSON FOR GOVERNOR

Transaction ID: SB29.6586

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	0

Mailing Address

Amount of Each Disbursement this Period

2000.00

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)
PEOPLE FOR BING

Transaction ID: SB29.6610

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

500.00

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) RC GOP Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name 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: SB29.6630 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) RE-ELECT THOMAS WHITE JR. Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name 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: SB29.6621 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) SAVINO FOR NEW YORK Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name 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: SB29.6606 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
UA POLITICAL EDUCATION COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6617
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
UA POLITICAL EDUCATION COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6618
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
UA POLITICAL EDUCATION COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6619
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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 / 20

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
UA POLITICAL EDUCATION COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6626
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
UA POLITICAL EDUCATION COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6640
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
VIVERITO 2009

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6643
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 / 20

<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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
YOUR VOTE COUNTS NY

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6609

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

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