

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 ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 32-32 48TH AVENUE Check if different than previously reported. (ACC) LONG ISLAND CITY NY 11101

2. FEC IDENTIFICATION NUMBER C00386821 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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 JAMES P ELDER

Signature of Treasurer Electronically Filed by JAMES P ELDER Date 10 14 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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		709779.35
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	692645.11									
(c) Total Receipts (from Line 19)	47172.63	145954.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	739817.74	855734.16								
7. Total Disbursements (from Line 31)	73581.89	189498.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	666235.85	666235.85								
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

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 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	47172.63	145954.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47172.63	145954.81
(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)	47172.63	145954.81
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))	47172.63	145954.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47172.63	145954.81

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.....	21592.89	71765.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21592.89	71765.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	51989.00	117732.50
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))..	73581.89	189498.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73581.89	189498.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	47172.63	145954.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47172.63	145954.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21592.89	71765.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21592.89	71765.81

**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 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

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHN GALLAGHER Mailing Address 75 ROCKY POINT YAPHANK RD City ROCKY POINT State NY Zip Code 11778 Purpose of Disbursement REIMBURSEMENT FOR TRAVEL AND TELEPHONE EXP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8296 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 1893.40 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) JOHN GALLAGHER Mailing Address 75 ROCKYPOINT YAPHANK RD City ROCKY POINT State NY Zip Code 11778 Purpose of Disbursement POLITICAL ACTION COORDINATOR FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8297 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 4931.20 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) JOHN GALLAGHER Mailing Address 75 ROCKYPOINT YAPHANK RD City ROCKY POINT State NY Zip Code 11778 Purpose of Disbursement REIMBURSEMENT FOR TRAVEL AND TELEPHONE EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8298 Date of Disbursement 08 / 06 / 2010 Amount of Each Disbursement this Period 1265.48 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8090.08

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 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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN GALLAGHER

Transaction ID: SB21B.8299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Mailing Address 75 ROCKYPOINT YAPHANK RD

Amount of Each Disbursement this Period

878.81

City State Zip Code
ROCKY POINT NY 11778

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL AND TELEPHONE EXPENSES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

MULLIGAN & GROTE CPA PC

Transaction ID: SB21B.8300

Date of Disbursement

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

Mailing Address 131 TULIP AVE

Amount of Each Disbursement this Period

12500.00

City State Zip Code
FLORAL PARK NY 11001

Purpose of Disbursement
accounting services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

13378.81

TOTAL This Period (last page this line number only)

21468.89

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANNA LEWIS FOR NYS SENATE	Transaction ID: SB29.8303
	Mailing Address 250 WEST 100TH ST	Date of Disbursement 08 / 23 / 2010
	City NEW YORK State NY Zip Code 10025	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BRONX DEMO COUNY COMM	Transaction ID: SB29.8306
	Mailing Address 135 WESTCHESTER SQ	Date of Disbursement 07 / 01 / 2010
	City BRONX State NY Zip Code 10461	Amount of Each Disbursement this Period 1200.00
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BUILDING AND CONSTRUCTION TRADES PAC	Transaction ID: SB29.8307
	Mailing Address 71 WEST 23RD ST	Date of Disbursement 07 / 06 / 2010
	City NEW YORK State NE Zip Code 10011	Amount of Each Disbursement this Period 1675.00
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3125.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. CAMPAIGN FOR A DEMOCRATIC LEGISLATURE

Full Name (Last, First, Middle Initial)

CAMPAIGN FOR A DEMOCRATIC LEGISLATURE

Mailing Address PO BOX 163

City HOLBROOK State NY Zip Code 11471

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8308

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. CLARKE FOR CONGRESS

Full Name (Last, First, Middle Initial)

CLARKE FOR CONGRESS

Mailing Address 504 FLATBUSH AVENUE

City BROOKLYN State NY Zip Code 11225

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8310

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. COMMITTEE FOR AUDREY PHEFFER

Full Name (Last, First, Middle Initial)

COMMITTEE FOR AUDREY PHEFFER

Mailing Address 8800 SHOREFRONT PKWY

City ROCKAWAY BEACH State NY Zip Code 11693

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8311

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 10 / 26

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LARRY BULMAN</p> <p>Mailing Address 13 MOREAU DRIVE</p> <p>City SOUTH GLENNS FALLS State NY Zip Code 12803</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.8314</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO REELECT NELSON CASTRO</p> <p>Mailing Address 5 BUCHANAN PLACE</p> <p>City BRONX State NY Zip Code 10453</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.8316</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO REELECT RUTH THOMPSON</p> <p>Mailing Address PO BOX 154</p> <p>City MOUNT VERNON State NY Zip Code 10552</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.8320</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>011 Category/ Type</p>

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)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CUSICK FOR ASSEMBLY <hr/> Mailing Address 94 BENEDICT AVE <hr/> City STATEN ISLAND State NY Zip Code 10304 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8322 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">900.00</div>
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC COUNTY COMMITTEE <hr/> Mailing Address 274 WATCHOGUE RD <hr/> City STATEN ISLAND State NY Zip Code 10314 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8325 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">600.00</div>
C.	Full Name (Last, First, Middle Initial) DINAPOLI 2010 <hr/> Mailing Address 928 BROADWAY <hr/> City NEW YORK State NY Zip Code 10010 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8326 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DINAPOLI 2010	Transaction ID: SB29.8327 Date of Disbursement
	Mailing Address 928 BROADWAY	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City NEW YORK State NY Zip Code 10010	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	Transaction ID: SB29.8328 Date of Disbursement
	Mailing Address PO BOX 60	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City BRONX State NY Zip Code 10463	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FOLEY FOR SENATE	Transaction ID: SB29.8329 Date of Disbursement
	Mailing Address PO BOX 214	<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City FARMINGVILLE State NY Zip Code 11728	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="400.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS FOR THE ELECTION OF DEAN SKELOS

Mailing Address 31 ROXEN ROAD

City State Zip Code
ROCKVILLE CENTE NY 11570

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
FRIENDS OF ANDREW RAIA

Mailing Address PO BOX 1483

City State Zip Code
EAST ISLIP NY 11731

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ANTHONY MACAGNONE

Mailing Address PO BOX 628

City State Zip Code
FARMINGDALE NY 11735

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8333

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)

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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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF BILL DE BLAZIO

Mailing Address 88 THIRD AVENUE

City State Zip Code
BROOKLYN NY 11217

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF CATHERINE NOLAN

Mailing Address PO BOX 648698

City State Zip Code
OAKLAND NY 11364

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8339

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF CONNIE KEPERT

Mailing Address PO BOX 504

City State Zip Code
MIDDLE ISLAND NY 11953

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8341

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)

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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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF DAN LOSQUADRO

Mailing Address PO BOX 397

City SHOREHAM State NY Zip Code 11786

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8342

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DAVID DENENBERG

Mailing Address 2818 MERRICK RD

City BELLMORE State NY Zip Code 10710

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF DOUGLAS FANNING

Mailing Address PO BOX 307

City OYSTER BAY State NY Zip Code 11771

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8345

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)

<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)
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF EVETTE ZAYAS Mailing Address 230 EAST 123RD ST City NEW YORK State NY Zip Code 10035 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8349 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 150.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JACK EDDINGTON Mailing Address PO BOX 1161 City MEDFORD State NY Zip Code 11763 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8350 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN FLANAGAN Mailing Address PO BOX 591 City SMITHTOWN State NY Zip Code 11787 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8353 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional)

700.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF KATE BROWNING

Mailing Address PO BOX 293

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8355

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARC ALESSI

Mailing Address PO BOX 233

City WADING RIVER State NY Zip Code 11702

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8356

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARC ALESSI

Mailing Address PO BOX 233

City WADING RIVER State NY Zip Code 11702

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8357

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)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MIKE MILLER	Transaction ID: SB29.8359 Date of Disbursement
	Mailing Address PO BOX 570052	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City WHITESTONE State NY Zip Code 11357	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROB CALARCO	Transaction ID: SB29.8363 Date of Disbursement
	Mailing Address PO BOX 307	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City PATCHOGUE State NY Zip Code 11772	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF SEAN WALTER	Transaction ID: SB29.8364 Date of Disbursement
	Mailing Address 1938 WADING RIVER MANOR RD	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City WADING RIVER State NY Zip Code 11792	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="225.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF STEVE LEVY <hr/> Mailing Address PO BOX 980 <hr/> City BAYPORT State NY Zip Code 11705 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8366 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1600.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF TIM MAZZEI <hr/> Mailing Address 1650 SYCAMORE AVE <hr/> City BOHEMIA State NY Zip Code 11716 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8367 Date of Disbursement 07 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 375.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) GIBSON FOR ASSEMBLY <hr/> Mailing Address PO BOX 6306 <hr/> City BRONX State NY Zip Code 10451 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8368 Date of Disbursement 07 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2475.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HEVESI FOR ASSEMBLY

Mailing Address 14 CIRCLE DRIVE

City RENSSELAER State NY Zip Code

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8369

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ISLIP TOWN REPUBLICAN COMMITTEE

Mailing Address 39 THIRD AVENUE

City BAY SHORE State NY Zip Code 11706

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8371

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

JEFFERSON DEMOCRATIC CLUB

Mailing Address PO BOX 610301

City BAYSIDE State NY Zip Code 11361

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8376

Date of Disbursement

08 / 10 / 2010

Amount of Each Disbursement this Period

1400.00

SUBTOTAL of Disbursements This Page (optional) ▶

2850.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHLEEN RICE 2010

Mailing Address 29 SERPENTINE LAN

City OLD BETHPAGE State NY Zip Code 11804

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8378

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

LESKO FOR SUPERVISOR

Mailing Address PO BOX 324

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8379

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

LIBERTY DEMOCRATIC ASSOCIATION

Mailing Address 2187 CRUGER AVENEUE

City BRONX State NY Zip Code 10462

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8380

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1800.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LIBERTY DEMOCRATIC ASSOCIATION

Transaction ID: SB29.8381
Date of Disbursement

Mailing Address 2187 CRUGER AVENEUE

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

City State Zip Code
BRONX NY 10462

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MALONEY FOR CONGRESS

Transaction ID: SB29.8383
Date of Disbursement

Mailing Address 49 EAST 92ND STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

City State Zip Code
NEW YORK NY 10128

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 14

C.

Full Name (Last, First, Middle Initial)
NEW YORK STATE PIPE TRADES PAC

Transaction ID: SB29.8384
Date of Disbursement

Mailing Address PO BOX 1343

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	0

City State Zip Code
SOUTH GLENS FALLS NY 12803

Amount of Each Disbursement this Period

15424.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

16524.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PEOPLE FOR BRODSKY

Mailing Address 155 WHITE PLAINS RD

City TAQRRYTOWN State NY Zip Code 10591

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8386

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PEOPLE FOR DIAZ

Mailing Address 840 GRAND CONCOURSE

City BRONX State NY Zip Code 10451

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8388

Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

RUBEN DIAZ FOR STATE SENATE

Mailing Address PO BOX 229

City BRONX State NY Zip Code 10460

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.8389

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1050.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SCHIMEL FOR ASSEMBLY <hr/> Mailing Address 481 8TH AVE <hr/> City NEW YORK State NY Zip Code 10001 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8390 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 150.00
B.	Full Name (Last, First, Middle Initial) SCHIMEL FOR ASSEMBLY <hr/> Mailing Address 481 8TH AVE <hr/> City NEW YORK State NY Zip Code 10001 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8391 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) SCHNEIDERMAN FOR ATTORNEY GENERAL <hr/> Mailing Address 131 VARICK ST <hr/> City NEW YORK State NY Zip Code 10013 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8392 Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00

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 25 / 26

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) SCHNEIDERMAN FOR ATTORNEY GENERAL</p> <p>Mailing Address 131 VARICK ST</p> <p>City NEW YORK State NY Zip Code 10013</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8393</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>B. Full Name (Last, First, Middle Initial) SERRANO FOR CONGRESS</p> <p>Mailing Address 800 5TH ST</p> <p>City WASHINGTON State DC Zip Code 20037</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8394</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>C. Full Name (Last, First, Middle Initial) STEVENSON 2010</p> <p>Mailing Address PO BOX 61</p> <p>City NEW YORK State NY Zip Code 10008</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8395</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="195.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2195.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

PAGE 26 / 26

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.8398

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
TOWN OF OYSTER BAY REPUB COMM

Mailing Address 164 POST AVE

City WESTBURY State NY Zip Code 11590

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.8399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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