

# 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  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 4187  
136 MOUNT BETHEL ROAD  
 Check if different than previously reported. (ACC)  
WARREN NJ 07059

2. **FEC IDENTIFICATION NUMBER** C00252395  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer THOMAS MANNING

Signature of Treasurer Electronically Filed by THOMAS MANNING Date 01 28 2007

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		81124.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	43295.21									
(c) Total Receipts (from Line 19) .....	95733.30	166407.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	139028.51	247531.90								
7. Total Disbursements (from Line 31) .....	99810.04	208313.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39218.47	39218.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	91040.73	161214.75
(i) Itemized (use Schedule A) .....	4.29	4.29
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	91045.02	161219.04
(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) .....	91045.02	161219.04
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) .....	688.28	688.28
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	4000.00	4500.00
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)) .....	95733.30	166407.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	95733.30	166407.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	25560.04	69263.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25560.04	69263.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	17150.00
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.....	68750.00	121900.00
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))..	99810.04	208313.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99810.04	208313.43

**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) .....	91045.02	161219.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	91045.02	161219.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25560.04	69263.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	688.28	688.28
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24871.76	68575.15

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

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

FOR LINE NUMBER: PAGE 6 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187

City: WARREN      State: NJ      Zip Code: 07059

FEC ID number of contributing federal political committee: **C**

Name of Employer: \_\_\_\_\_      Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 71167.15

Date of Receipt: MM / DD / YYYY  
07 / 03 / 2007  
**Transaction ID:** SA11AI.5786  
 Amount of Each Receipt this Period: 993.13  
 PAC FUND DUES

**B.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187

City: WARREN      State: NJ      Zip Code: 07059

FEC ID number of contributing federal political committee: **C**

Name of Employer: \_\_\_\_\_      Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 84451.82

Date of Receipt: MM / DD / YYYY  
07 / 05 / 2007  
**Transaction ID:** SA11AI.5787  
 Amount of Each Receipt this Period: 13284.67  
 PAC FUND DUES

**C.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187

City: WARREN      State: NJ      Zip Code: 07059

FEC ID number of contributing federal political committee: **C**

Name of Employer: \_\_\_\_\_      Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 96536.89

Date of Receipt: MM / DD / YYYY  
08 / 13 / 2007  
**Transaction ID:** SA11AI.5814  
 Amount of Each Receipt this Period: 12085.07  
 PAC FUND DUES

**SUBTOTAL** of Receipts This Page (optional) ..... 26362.87

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Steamfitters Local Union 475

Mailing Address PO BOX 4187

City State Zip Code  
WARREN NJ 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
108669.98

Date of Receipt

M M / D D / Y Y Y Y  
09 / 12 / 2007

Transaction ID: SA11AI.5891

Amount of Each Receipt this Period

12133.09

PAC FUND DUES

**B.**

Full Name (Last, First, Middle Initial)

Steamfitters Local Union 475

Mailing Address PO BOX 4187

City State Zip Code  
WARREN NJ 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
109952.18

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11AI.5892

Amount of Each Receipt this Period

1282.20

PAC FUND DUES

**C.**

Full Name (Last, First, Middle Initial)

Steamfitters Local Union 475

Mailing Address PO BOX 4187

City State Zip Code  
WARREN NJ 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
110164.58

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11AI.5893

Amount of Each Receipt this Period

212.40

PAC FUND DUES

**SUBTOTAL** of Receipts This Page (optional) ..... ►

13627.69

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475

Mailing Address **PO BOX 4187**

City **WARREN** State **NJ** Zip Code **07059**

FEC ID number of contributing federal political committee. C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 111066.19

Date of Receipt M M / D D / Y Y Y Y  
10 / 01 / 2007

**Transaction ID: SA11AI.5870**

Amount of Each Receipt this Period 901.61

PAC FUND DUES

**B.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475

Mailing Address **PO BOX 4187**

City **WARREN** State **NJ** Zip Code **07059**

FEC ID number of contributing federal political committee. C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 128438.68

Date of Receipt M M / D D / Y Y Y Y  
10 / 03 / 2007

**Transaction ID: SA11AI.5869**

Amount of Each Receipt this Period 17372.49

PAC FUND DUES

**C.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475

Mailing Address **PO BOX 4187**

City **WARREN** State **NJ** Zip Code **07059**

FEC ID number of contributing federal political committee. C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 131198.80

Date of Receipt M M / D D / Y Y Y Y  
11 / 09 / 2007

**Transaction ID: SA11AI.5894**

Amount of Each Receipt this Period 2755.83

PAC FUND DUES

**SUBTOTAL** of Receipts This Page (optional) ..... 21029.93

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 9 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 144376.72

Date of Receipt: 11 / 13 / 2007  
**Transaction ID:** SA11AI.5895  
 Amount of Each Receipt this Period: 13177.92  
 PAC FUND DUES

**B.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 146754.92

Date of Receipt: 12 / 12 / 2007  
**Transaction ID:** SA11AI.5902  
 Amount of Each Receipt this Period: 2378.20  
 PAC FUND DUES

**C.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 161063.04

Date of Receipt: 12 / 17 / 2007  
**Transaction ID:** SA11AI.5903  
 Amount of Each Receipt this Period: 14308.12  
 PAC FUND DUES

**SUBTOTAL** of Receipts This Page (optional) ..... ► 29864.24

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475

Mailing Address PO BOX 4187

City State Zip Code  
WARREN NJ 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
161219.04

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.5904

Amount of Each Receipt this Period  
156.00

PAC FUND DUES

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	91040.73

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

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

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ELECTION FUND OF SCUTARI

Mailing Address 20 Kennedy Drive

City State Zip Code  
Clark NJ 07066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2007

Transaction ID: SA16.5866

Amount of Each Receipt this Period

1000.00

Voided from 4/9/07

**B.**

Full Name (Last, First, Middle Initial)  
NJ DEMOCRATIC STATE COMMITTEE

Mailing Address 196 WEST STATE STREET

City State Zip Code  
TRENTON NJ 08608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2007

Transaction ID: SA16.5815

Amount of Each Receipt this Period

3000.00

REFUND

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00

# 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 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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bally's Atlantic City</p> <p>Mailing Address 1900 PARK PLACE &amp; BOARDWALK</p> <p>City ATLANTIC CITY State NJ Zip Code 08401</p> <p>Purpose of Disbursement 5 RESERVATIONS FOR NJ STATE AFL-CIO CONF</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><b>Transaction ID:</b> SB21B.5834</p> <p>Date of Disbursement 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1448.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) THOMAS MANNING</p> <p>Mailing Address 28 No. Cherokee Lane</p> <p>City Brick State NJ Zip Code 08724</p> <p>Purpose of Disbursement NJ STATE AFL-CIO CONFERENCE</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><b>Transaction ID:</b> SB21B.5856</p> <p>Date of Disbursement 09 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) THOMAS MANNING</p> <p>Mailing Address 28 No. Cherokee Lane</p> <p>City Brick State NJ Zip Code 08724</p> <p>Purpose of Disbursement CONGRESSIONAL BREAKFAST</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><b>Transaction ID:</b> SB21B.5887</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2048.00

**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 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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO  Mailing Address 106 WEST STATE STREET  City TRENTON State NJ Zip Code 08608  Purpose of Disbursement 5 REGISTRATIONS AND LUNCHEON 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>Transaction ID:</b> SB21B.5836 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7	Amount of Each Disbursement this Period  1175.00
<b>B.</b>	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND  Mailing Address 534 S. ROUTE 73 P.O. BOX 73  City WINDSLOW State NJ Zip Code 08095  Purpose of Disbursement 83294 HOURS FOR JUNE 2007 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>Transaction ID:</b> SB21B.5790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period  1665.88
<b>C.</b>	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND  Mailing Address 534 S. ROUTE 73 P.O. BOX 73  City WINDSLOW State NJ Zip Code 08095  Purpose of Disbursement 80564 HOURS FOR JULY 2007 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>Transaction ID:</b> SB21B.5839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period  1611.28

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4452.16

**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address 534 S. ROUTE 73 P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 80885 HOURS FOR AUGUST 2007</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><b>Transaction ID:</b> SB21B.5849 <b>Date of Disbursement</b> 09 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 1617.70</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address 534 S. ROUTE 73 P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 112105 HOURS FOR SEPTEMBER 2007</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><b>Transaction ID:</b> SB21B.5880 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2242.10</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address 534 S. ROUTE 73 P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 87849 HOURS FOR OCTOBER 2007</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><b>Transaction ID:</b> SB21B.5897 <b>Date of Disbursement</b> 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1756.98</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5616.78</b>
<b>TOTAL</b> 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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address 534 S. ROUTE 73 P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 95384 HOURS FOR NOVEMBER 2007</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><b>Transaction ID:</b> SB21B.5906</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1907.68</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Edward Smith, III</p> <p>Mailing Address 128 Warren Road</p> <p>City Sparta State NJ Zip Code 07871</p> <p>Purpose of Disbursement NJ STATE AFL-CIO CONFERENCE</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><b>Transaction ID:</b> SB21B.5853</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) State of NJ Election Law Enf.</p> <p>Mailing Address PO Box 185</p> <p>City Trenton State NJ Zip Code 08625-0185</p> <p>Purpose of Disbursement LEGISLATIVE AGENT ANNUAL FEE</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><b>Transaction ID:</b> SB21B.5837</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 425.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2782.68</p>
<p><b>TOTAL</b> 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 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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475

Transaction ID: SB21B.5864

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Mailing Address PO BOX 4187

Amount of Each Disbursement this Period

2559.61
---------

City WARREN State NJ Zip Code 07059

Purpose of Disbursement  
REIMBURSE PAYROLL FOR AFL-CIO CONF

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Shaun Sullivan

Transaction ID: SB21B.5855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	7

Mailing Address P.O. Box 4187

Amount of Each Disbursement this Period

450.00
--------

City Warren State NJ Zip Code 07059

Purpose of Disbursement  
NJ STATE AFL-CIO CONFERENCE

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
U.A. Political Education Fund

Transaction ID: SB21B.5791

Date of Disbursement

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

Mailing Address 901 Massachusetts Ave, NW

Amount of Each Disbursement this Period

832.94
--------

City Washington State DC Zip Code 20001-4397

Purpose of Disbursement  
83294 HOURS FOR JUNE 2007

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3842.55
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**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)

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<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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) U.A. Political Education Fund <hr/> Mailing Address 901 Massachusetts Ave, NW <hr/> City Washington State DC Zip Code 20001-4397 <hr/> Purpose of Disbursement 80564 HOURS FOR JULY 2007 Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5840 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2007	
	Amount of Each Disbursement this Period 805.64	
	Full Name (Last, First, Middle Initial) U.A. Political Education Fund <hr/> Mailing Address 901 Massachusetts Ave, NW <hr/> City Washington State DC Zip Code 20001-4397 <hr/> Purpose of Disbursement 80885 HOURS FOR AUGUST 2007 Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5850 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2007
	Amount of Each Disbursement this Period 808.85	
<b>C.</b> Full Name (Last, First, Middle Initial) U.A. Political Education Fund <hr/> Mailing Address 901 Massachusetts Ave, NW <hr/> City Washington State DC Zip Code 20001-4397 <hr/> Purpose of Disbursement 112105 HOURS FOR SEPTEMBER 2007 Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5881 Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2007	
Amount of Each Disbursement this Period 1121.05		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2735.54

**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 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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) U.A. Political Education Fund	Transaction ID: SB21B.5898 Date of Disbursement 11 / 01 / 2007
	Mailing Address 901 Massachusetts Ave, NW	Amount of Each Disbursement this Period 878.49
	City Washington State DC Zip Code 20001-4397	
	Purpose of Disbursement 87849 HOURS FOR OCTOBER 2007	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) U.A. Political Education Fund	Transaction ID: SB21B.5907 Date of Disbursement 12 / 03 / 2007
	Mailing Address 901 Massachusetts Ave, NW	Amount of Each Disbursement this Period 953.84
	City Washington State DC Zip Code 20001-4397	
	Purpose of Disbursement 95384 HOURS FOR NOVEMBER 2007	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) Folinusz William	Transaction ID: SB21B.5859 Date of Disbursement 09 / 06 / 2007
	Mailing Address P.O. Box 4187	Amount of Each Disbursement this Period 450.00
	City Warren State NJ Zip Code 07259	
	Purpose of Disbursement NJ STATE AFL-CIO CONFERENCE	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	2282.33
<b>TOTAL</b> This Period (last page this line number only) .....	25560.04

**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Don Payne for Congress	Transaction ID: SB23.5905 Date of Disbursement
	Mailing Address P.O. Box 2406	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Newark State NJ Zip Code 07114	Amount of Each Disbursement this Period
	Purpose of Disbursement 2 PATRONS	<input type="text" value="2000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: SB23.5830 Date of Disbursement
	Mailing Address P.O. Box	<input type="text" value="08"/> <input type="text" value="24"/> / <input type="text" value="2007"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement 1 ticket	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Stender For Congress	Transaction ID: SB23.5908 Date of Disbursement
	Mailing Address P.O. Box 730	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Scotch Plains State NJ Zip Code 07076	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="2500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aufseeser, Bunyon &amp; Mendes 2007</p> <p>Mailing Address 10 Matawan Green Lane</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Donation</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5816 <b>Date of Disbursement</b> 08 / 09 / 2007</p> <p><b>Amount of Each Disbursement this Period</b> 100.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Gordon For Assembly</p> <p>Mailing Address 354 Plaza Road North</p> <p>City Fair Lawn State NJ Zip Code 07410</p> <p>Purpose of Disbursement 5 Tickets State Senate Candidate</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5919 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p><b>Amount of Each Disbursement this Period</b> 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BRICK TWSP DEMOCRATIC MUNICIPAL COMMITTEE</p> <p>Mailing Address 249 Hawaii Drive</p> <p>City Brick State NJ Zip Code 08723</p> <p>Purpose of Disbursement 4 Tickets</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5818 <b>Date of Disbursement</b> 08 / 24 / 2007</p> <p><b>Amount of Each Disbursement this Period</b> 600.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3200.00

**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ciesla For Senate  Mailing Address 40 Bey Lea Road Suite A101  City Toms River State NJ Zip Code 08753  Purpose of Disbursement 2 Tickets  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5921 Date of Disbursement 07 / 23 / 2007  Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Committee To Elect M. Teresa Ruiz  Mailing Address P.O. Box 9247  City Newark State NJ Zip Code 07104  Purpose of Disbursement Donation  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5860 Date of Disbursement 09 / 07 / 2007  Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Committee to Elect Shiela Oliver  Mailing Address 155 Polifly Road Suite 103, 1st Floor  City Hackensack State NJ Zip Code 07601  Purpose of Disbursement 2 Tickets  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5798 Date of Disbursement 07 / 23 / 2007  Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

6500.00

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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect James P. Dodd</p> <p>Mailing Address 37 North Sussex Street</p> <p>City Dover State NJ Zip Code 07801</p> <p>Purpose of Disbursement Donation - Mayor</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5884</p> <p>Date of Disbursement 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Vincent Prieto</p> <p>Mailing Address 155 Polifly Road Suite 103, 1st Floor</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement 2 Tickets</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5820</p> <p>Date of Disbursement 08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Connors For Assembly</p> <p>Mailing Address 907 Morgan Avenue</p> <p>City Palmyra State NJ Zip Code 08065</p> <p>Purpose of Disbursement 1 Ticket</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5822</p> <p>Date of Disbursement 08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2300.00

**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Election Fund of Joseph Cryan</p> <p>Mailing Address P.O. Box 2245</p> <p>City Union State NJ Zip Code 07083</p> <p>Purpose of Disbursement 4 Golfers</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5804</p> <p>Date of Disbursement 07 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1550.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Election Fund of Joseph R. Malone III</p> <p>Mailing Address 15 East Union Street</p> <p>City Bordentown State NJ Zip Code 08505</p> <p>Purpose of Disbursement 2 Tickets</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5872</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Election Fund of Neil M. Cohen</p> <p>Mailing Address 161 Virginia Street</p> <p>City Hillside State NJ Zip Code 07205</p> <p>Purpose of Disbursement 2 Tickets</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5824</p> <p>Date of Disbursement 08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3250.00

**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Election Fund of Thomas Giblin Inc	Transaction ID: SB29.5888 Date of Disbursement
	Mailing Address P.O. Box 867	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City West Caldwell State NJ Zip Code 07007-0867	Amount of Each Disbursement this Period
	Purpose of Disbursement 2 TICKETS	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ESSEX COUNTY DEMOCRATIC COMMITTEE	Transaction ID: SB29.5841 Date of Disbursement
	Mailing Address 50 PARK PLACE SUITE 1430	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City NEWARK State NJ Zip Code 07102	Amount of Each Disbursement this Period
	Purpose of Disbursement 2 Tickets - Rent Party 2007	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) HUNTERDON COUNTY DEMOCRATIC COMMITTEE	Transaction ID: SB29.5873 Date of Disbursement
	Mailing Address 127 Main Street	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Flemington, NJ 088 State NJ Zip Code 08822	Amount of Each Disbursement this Period
	Purpose of Disbursement 2 Tickets - 2nd Annual Labor Breakfast	<input type="text" value="700.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 31

<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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) John J. Meehan to Elect For Council</p> <p>Mailing Address 1451 Arapaho Ct.</p> <p>City Toms River State NJ Zip Code 08755</p> <p>Purpose of Disbursement DONATION</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5842</p> <p>Date of Disbursement 08 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kole For Assembly</p> <p>Mailing Address 58 N. Bridge Street</p> <p>City Somerville State NJ Zip Code 08876</p> <p>Purpose of Disbursement 2 TICKETS</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5845</p> <p>Date of Disbursement 08 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Madden For Senate</p> <p>Mailing Address P.O. Box 8831</p> <p>City Turnersville State NJ Zip Code 08012</p> <p>Purpose of Disbursement 1 Subscription</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5928</p> <p>Date of Disbursement 08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1300.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Marano For Freeholder	Transaction ID: SB29.5827 Date of Disbursement																			
	Mailing Address 58 North Bridge Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	7												
	City Somerville State NJ Zip Code 08876	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Donation	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Marano For Freeholder	Transaction ID: SB29.5889 Date of Disbursement																			
	Mailing Address 58 North Bridge Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	7												
	City Somerville State NJ Zip Code 08876	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DONATION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) MCANJ - PAC	Transaction ID: SB29.5847 Date of Disbursement																			
	Mailing Address P.O. Box 390	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	0	7												
	City Springfield State NJ Zip Code 07081	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DINNER	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2200.00</td></tr></table>	2200.00
2200.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Morris County Democratic Committee	Transaction ID: SB29.5829 Date of Disbursement
	Mailing Address P.O. Box 306	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City State Zip Code Morristown NJ 07963-0306	Amount of Each Disbursement this Period
	Purpose of Disbursement Sponsor - Campaign 2007 Kickoff BBQ	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Morris County Democratic Committee	Transaction ID: SB29.5874 Date of Disbursement
	Mailing Address P.O. Box 306	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City State Zip Code Morristown NJ 07963-0306	Amount of Each Disbursement this Period
	Purpose of Disbursement Full Gold Page Ad - Journal of Recogniti	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NJ DEMOCRATIC STATE COMMITTEE	Transaction ID: SB29.5862 Date of Disbursement
	Mailing Address 495 Broadway	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City State Zip Code Long Branch NJ 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation - Annual State Party	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1700.00"/>
<b>TOTAL</b> 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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NJ DEMOCRATIC STATE COMMITTEE

Mailing Address 495 Broadway

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB29.5896  
Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00
---------

**B.** Full Name (Last, First, Middle Initial)  
Senate Democratic Majority

Mailing Address 194-196 West State Street

City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement  
Donation - Democracti Senate Seats

Candidate Name

Category/  
Type

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

Transaction ID: SB29.5865  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

15000.00
----------

**C.** Full Name (Last, First, Middle Initial)  
Senate Democratic Majority

Mailing Address 194-196 West State Street

City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement  
4 Tickets - Holiday Party

Candidate Name

Category/  
Type

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

Transaction ID: SB29.5900  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional) .....

21500.00
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**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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sweeney For Senate</p> <p>Mailing Address 300 North Marion Avenue</p> <p>City Wenonah State NJ Zip Code 08090</p> <p>Purpose of Disbursement 3 Tickets</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5934</p> <p>Date of Disbursement 07 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sweeney For Senate</p> <p>Mailing Address 300 North Marion Avenue</p> <p>City Wenonah State NJ Zip Code 08090</p> <p>Purpose of Disbursement 5 Tickets</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5936</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UNION COUNTY DEMOCRATIC COMMITTEE</p> <p>Mailing Address 65 KING STREET</p> <p>City HILLSIDE State NJ Zip Code 07205</p> <p>Purpose of Disbursement Donation - 2nd Annual Labor Breakfast</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><b>Transaction ID:</b> SB29.5876</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 7500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

15500.00

**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 31 / 31

<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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Upendra Chivukula for Assembly

Transaction ID: SB29.5831

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	7

Mailing Address 155 Polifly Road  
Suite 103, 1st Floor

Amount of Each Disbursement this Period

1000.00
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City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
2 tickets

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Wilkins for State Assembly

Transaction ID: SB29.5877

Date of Disbursement

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

Mailing Address P.O. Box 362

Amount of Each Disbursement this Period

8200.00
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City Northfield State NJ Zip Code 08225-0362

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

9200.00

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

68750.00