

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 United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

ADDRESS (number and street) 534 S Route 73, PO Box 73 Winslow NJ 08095

2. FEC IDENTIFICATION NUMBER C00173419 3. IS THIS REPORT X 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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of NJ

5. Covering Period 10 16 2008 through 11 24 2008

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 Page Signature of Treasurer Electronically Filed by Thomas Page Date 11 24 2008

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol
Ed

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		138209.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	127512.90									
(c) Total Receipts (from Line 19)	56708.62	360564.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	184221.52	498774.09								
7. Total Disbursements (from Line 31)	29650.87	344203.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	154570.65	154570.65								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol
Ed

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	56708.62	360564.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56708.62	360564.24
(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)	56708.62	360564.24
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))	56708.62	360564.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56708.62	360564.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
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.....	29650.87	339203.44
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))..	29650.87	344203.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29650.87	344203.44

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)	56708.62	360564.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56708.62	360564.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Atlantic County Democratic Committee	Transaction ID: SB29.6532 Date of Disbursement
	Mailing Address PO Box 251	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Northfield State NJ Zip Code 08225	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3600.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avis World Headquarters	Transaction ID: SB29.6525 Date of Disbursement
	Mailing Address 6 Sylvan Way	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Parsippany State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC convention - rental car	<input type="text" value="192.43"/>
	Candidate Name	<input type="text" value="002"/> 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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Cinnaminson Democrats Campaign	Transaction ID: SB29.6541 Date of Disbursement
	Mailing Address 200 Whitebirch Drive	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Cinnaminson State NJ Zip Code 08077	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A. Full Name (Last, First, Middle Initial)
Democrat Club of Camden County

Mailing Address 2020 Springdale Road, Suite 200

City State Zip Code
Cherry Hill NJ 08003

Purpose of Disbursement

Annual Dues

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB29.6529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Democratic Assembly Campaign Committee

Mailing Address PO Box 3712

City State Zip Code
Trenton NJ 08629

Purpose of Disbursement

Void Ck#2083 10/1/2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB29.6556

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends of Cooper for Freeholder

Mailing Address Po Box 101

City State Zip Code
Linwood NJ 08201

Purpose of Disbursement

Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB29.6537

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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A. Full Name (Last, First, Middle Initial) Friends of Nilsa, Cruz, Perez <hr/> Mailing Address PO Box 3540 <hr/> City Cherry Hill State NJ Zip Code 08034 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6543 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
	Amount of Each Disbursement this Period 2500.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Haddon Heights Democrat Club <hr/> Mailing Address 218 Ninth Avenue <hr/> City Haddon Heights State NJ Zip Code 08035 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6552 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8
Amount of Each Disbursement this Period 500.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Maier for Freeholder <hr/> Mailing Address 42 Allison Place <hr/> City Egg Harbor Twp. State NJ Zip Code 08234 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6539 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8
Amount of Each Disbursement this Period 2600.00	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	5600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A. Full Name (Last, First, Middle Initial) McGettigan for Sheriff <hr/> Mailing Address 106 S. Oxford Avenue <hr/> City Ventnor State NJ Zip Code 08406 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB29.6533 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2600.00		
		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) ▼
		Category/Type: 011	
		Full Name (Last, First, Middle Initial) NJ Democratic State Committee Federal Account <hr/> Mailing Address 169 W. State Street <hr/> City Trenton State NJ Zip Code 08609 <hr/> Purpose of Disbursement Void Ck#2087 10/1/2008 Contribution Candidate Name	
B. Full Name (Last, First, Middle Initial) NJ Democratic State Committee Federal Account <hr/> Mailing Address 169 W. State Street <hr/> City Trenton State NJ Zip Code 08609 <hr/> Purpose of Disbursement Void Ck#2087 10/1/2008 Contribution Candidate Name	Transaction ID: SB29.6557 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period -5000.00		
		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) ▼
		Category/Type: 011	
		Full Name (Last, First, Middle Initial) NJ State AFL-CIO <hr/> Mailing Address 106 W State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement Contribution Candidate Name	
C. Full Name (Last, First, Middle Initial) NJ State AFL-CIO <hr/> Mailing Address 106 W State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB29.6549 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1028.30		
		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) ▼
		Category/Type: 011	

SUBTOTAL of Disbursements This Page (optional) ▶

-1371.70

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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades	Transaction ID: SB29.6548 Date of Disbursement
	Mailing Address PO Box 73	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Winslow State NJ Zip Code 08095	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="3176.58"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Pittsgrove Democrat Association	Transaction ID: SB29.6530 Date of Disbursement
	Mailing Address PO Box 965	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Elmer State NJ Zip Code 08318	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Tickets Candidate Name	<input type="text" value="250.00"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Schroeder for Freeholder	Transaction ID: SB29.6562 Date of Disbursement
	Mailing Address PO Box 362	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Northfield State NJ Zip Code 08225	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2600.00"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6026.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Shulman, Kurtz, Turer & Topaz, LLC <hr/> Mailing Address 101 N Lakeview Drive <hr/> City Gibbsboro State NJ Zip Code 08026 <hr/> Purpose of Disbursement Accounting Services Candidate Name 001 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: SB29.6554 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1200.00</div>
B.	Full Name (Last, First, Middle Initial) SJTA Parking <hr/> Mailing Address Po Box 351 <hr/> City Hammonton State NJ Zip Code 08037 <hr/> Purpose of Disbursement Parking - PAC meeting Candidate Name 002 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: SB29.6521 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">26.00</div> <p>[MEMO ITEM]</p>
C.	Full Name (Last, First, Middle Initial) Trenton Printing <hr/> Mailing Address 1150 Southard Street <hr/> City Trenton State NJ Zip Code 08638 <hr/> Purpose of Disbursement Newsletter postage Candidate Name 004 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: SB29.6528 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">760.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">1960.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Trenton Printing	Transaction ID: SB29.6555 Date of Disbursement
	Mailing Address 1150 Southard Street	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Trenton State NJ Zip Code 08638	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Newsletter Candidate Name	<input type="text" value="3503.58"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="004"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) UA PEC	Transaction ID: SB29.6547 Date of Disbursement
	Mailing Address PO Box 37800	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1588.00"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) UA Visa	Transaction ID: SB29.6518 Date of Disbursement
	Mailing Address PO Box 856176	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Louisville State KY Zip Code 40285	Amount of Each Disbursement this Period
	Purpose of Disbursement Convention Candidate Name	<input type="text" value="3689.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8780.67"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Wawa Inc. <hr/> Mailing Address 260 W. Baltimore Pike <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Travel - get the vote out Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6519 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2585.07 <hr/> [MEMO ITEM]	
B.	Full Name (Last, First, Middle Initial) Westin Diplomat Resort <hr/> Mailing Address 3555 South Ocean Drive <hr/> City Hollywood State FL Zip Code 33019 <hr/> Purpose of Disbursement Hotel - PAC Convention Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6523 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 260.85 <hr/> [MEMO ITEM]	
C.	Full Name (Last, First, Middle Initial) Westin Diplomat Resort <hr/> Mailing Address 3555 South Ocean Drive <hr/> City Hollywood State FL Zip Code 33019 <hr/> Purpose of Disbursement Hotel - PAC Convention Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6527 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 624.74 <hr/> [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.

Full Name (Last, First, Middle Initial)

Worm Enterprise

Mailing Address PO Box 119

City State Zip Code
Mt. Ephraim NJ 08059

Purpose of Disbursement
PAC Newsletter

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6550

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

2805.32

SUBTOTAL of Disbursements This Page (optional)

2805.32

TOTAL This Period (last page this line number only)

29650.87

Image# 28993142409

Form/Schedule: **F3XN**
Transaction ID:

Unitemized contributions are received from various members of Local 322. No individuals made contributions that in the aggregate exceed the unitemized threshold.
