

# 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  
IBEW 349 Electro-PAC

ADDRESS (number and street) 1657 NW 17 Avenue  
 Check if different than previously reported. (ACC)  
Miami FL 33125

2. **FEC IDENTIFICATION NUMBER** C00136689  
**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 01 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer Brian Rappaport

Signature of Treasurer Electronically Filed by Brian Rappaport Date 04 14 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
IBEW 349 Electro-PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		61829.09
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	61829.09									
(c) Total Receipts (from Line 19) .....	26409.18	26409.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	88238.27	88238.27								
7. Total Disbursements (from Line 31) .....	26515.00	26515.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61723.27	61723.27								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
IBEW 349 Electro-PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	26394.04	26394.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26394.04	26394.04
(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) .....	26394.04	26394.04
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) .....	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.) .....	15.14	15.14
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)) .....	26409.18	26409.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26409.18	26409.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	8015.00	8015.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8015.00	8015.00
22. Transfers to Affiliated/Other Party Committees.....	10000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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.....	1500.00	1500.00
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))..	26515.00	26515.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26515.00	26515.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	26394.04	26394.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26394.04	26394.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8015.00	8015.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8015.00	8015.00

**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

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)  
IBEW 349 Electro-PAC

A.	Full Name (Last, First, Middle Initial) LCR	Transaction ID: SB21B.4439 Date of Disbursement 02 / 04 / 2010
	Mailing Address 13627 Deering Bay Drive Suite 603	Amount of Each Disbursement this Period 4000.00
	City Miami State FL Zip Code 33158	
	Purpose of Disbursement Consulting services, 12/2009 & 01/2010	
	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) LCR	Transaction ID: SB21B.4440 Date of Disbursement 02 / 25 / 2010
	Mailing Address 13627 Deering Bay Drive Suite 603	Amount of Each Disbursement this Period 2000.00
	City Miami State FL Zip Code 33158	
	Purpose of Disbursement Consulting services, Feb. 2010	
	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) LCR	Transaction ID: SB21B.4441 Date of Disbursement 03 / 25 / 2010
	Mailing Address 13627 Deering Bay Drive Suite 603	Amount of Each Disbursement this Period 2000.00
	City Miami State FL Zip Code 33158	
	Purpose of Disbursement Consulting services, Mar. 2010	
	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) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	8000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 13

<input type="checkbox"/> 21b	<input checked="" 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)  
IBEW 349 Electro-PAC

A.

Full Name (Last, First, Middle Initial)  
IBEW-COPE

Transaction ID: SB22.4462  
Date of Disbursement

Mailing Address 900 7th Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

City Washington State DC Zip Code 20001-3886

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
Donation

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10000.00
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TOTAL This Period (last page this line number only) .....

10000.00
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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 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)  
IBEW 349 Electro-PAC

A.	Full Name (Last, First, Middle Initial) <b>BERTILLA SOTO CAMPAIGN FUND</b>	<b>Transaction ID: SB23.4457</b>
	Mailing Address <b>2655 LEJEUNE ROAD PH 2-C</b>	Date of Disbursement <input type="text" value="01"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City <b>CORAL GABLES</b> State <b>FL</b> Zip Code <b>33143</b>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Purpose of Disbursement Donation	<input type="text"/>
	Candidate Name	
	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.	Full Name (Last, First, Middle Initial) <b>DORRIN D. ROLLE CAMPAIGN FUND</b>	<b>Transaction ID: SB23.4459</b>
	Mailing Address <b>1001 NW 90 STREET</b>	Date of Disbursement <input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33150</b>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Purpose of Disbursement Donation	<input type="text"/>
	Candidate Name	
	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) <b>DR. JEFFREY SOLOMON CAMPAIGN</b>	<b>Transaction ID: SB23.4467</b>
	Mailing Address <b>7315 SW 109 TERRACE</b>	Date of Disbursement <input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33156</b>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Purpose of Disbursement Donation	<input type="text"/>
	Candidate Name	
	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) .....	<input type="text" value="1500.00"/>
<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 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)  
IBEW 349 Electro-PAC

A.	Full Name (Last, First, Middle Initial) DR. MARTA PEREZ CAMPAIGN	Transaction ID: SB23.4460 Date of Disbursement 02 / 11 / 2010
	Mailing Address 131 MADEIRA AVENUE PENTHOUSE	Amount of Each Disbursement this Period 500.00
	City CORAL GABLES State FL Zip Code 33134	
	Purpose of Disbursement Donation 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) FLORIDA SATE BUILDING TRADES BACPAC	Transaction ID: SB23.4464 Date of Disbursement 02 / 26 / 2010
	Mailing Address 104 WEST JEFFERSON STREET	Amount of Each Disbursement this Period 500.00
	City TALLAHASSEE State FL Zip Code 32301	
	Purpose of Disbursement Donation 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) JUDGE JUDITH RUBENSTEIN CAMPAIGN	Transaction ID: SB23.4463 Date of Disbursement 02 / 25 / 2010
	Mailing Address P O BOX 660365	Amount of Each Disbursement this Period 500.00
	City MIAMI SPRINGS State FL Zip Code 33266	
	Purpose of Disbursement Donation 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) ▼

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

1500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
IBEW 349 Electro-PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) LISA LESPERANCE CAMPAIGN</p> <p>Mailing Address P O BOX 43-1174</p> <p>City SOUTH MIAMI State FL Zip Code 33243</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4458 <b>Date of Disbursement</b> 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) RAQUEL REGALADO CAMPAIGN</p> <p>Mailing Address 2800 SW 3 AVENUE</p> <p>City MIAMI State FL Zip Code 33129</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4480 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ROBERT BLANCO CAMPAIGN ACCOUNT</p> <p>Mailing Address 5130 SW 99 AVENUE</p> <p>City MIAMI State FL Zip Code 33165</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4466 <b>Date of Disbursement</b> 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
IBEW 349 Electro-PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) RUDY MOISE CAMPAIGN</p> <p>Mailing Address P O BOX 680417</p> <p>City NORTH MIAMI State FL Zip Code 33168</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4465 <b>Date of Disbursement</b> 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SALLY HEYMAN CAMPAIGN FUND</p> <p>Mailing Address 1050 NE 181 STREET</p> <p>City NORTH MIAMI BEACH State FL Zip Code 33162</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4442 <b>Date of Disbursement</b> 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SAMANTHA RUIZ COHEN CAMPAIGN</p> <p>Mailing Address 11400 N. KENDALL DRIVE STE 204</p> <p>City MIAMI State FL Zip Code 33176</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4461 <b>Date of Disbursement</b> 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<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)

PAGE 12 / 13

<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)  
IBEW 349 Electro-PAC

A.

Full Name (Last, First, Middle Initial)  
SCOTT BERNSTEIN CAMPAIGN

Transaction ID: SB23.4479

Date of Disbursement

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

Mailing Address 9155 South Dadeland Boulevard  
#1208

City State Zip Code  
Miami FL 33156

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Donation

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
SCOTT MADDOX CAMPAIGN

Transaction ID: SB23.4468

Date of Disbursement

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

Mailing Address P O BOX 1507

City State Zip Code  
TALLAHASSEE FL 32302

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Donation

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
---------

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

7000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

<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)  
IBEW 349 Electro-PAC

A.

Full Name (Last, First, Middle Initial)  
DAVID L SINGER MEMORIAL FOUNDATION

Transaction ID: SB29.4476

Date of Disbursement

Mailing Address 19436 NE 26 AVENUE  
STE 84

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

City State Zip Code  
MIAMI FL 33180

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Donation - Special Olympics

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1500.00
---------

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

1500.00
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