

# 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  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

ADDRESS (number and street) 2556 SENECA AVENUE  
 Check if different than previously reported. (ACC)  
NIAGARA FALLS NY 14305

2. **FEC IDENTIFICATION NUMBER** C00155069  
**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 2009 through 12 31 2009

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 Mr. Enrico D. Liberale

Signature of Treasurer Electronically Filed by Mr. Enrico D. Liberale Date 01 25 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 **FEC FORM 3X** (Rev. 12/2004)

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

Write or Type Committee Name  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		189314.48
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	197821.79									
(c) Total Receipts (from Line 19) .....	25088.23	37256.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	222910.02	226571.01								
7. Total Disbursements (from Line 31) .....	15253.91	18914.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	207656.11	207656.11								
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

LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	4957.38	5215.31
(ii) Unitemized .....	20130.85	32041.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25088.23	37256.53
(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) .....	25088.23	37256.53
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)) .....	25088.23	37256.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25088.23	37256.53

**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.....	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	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	15253.91	18914.90
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))..	15253.91	18914.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15253.91	18914.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25088.23	37256.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25088.23	37256.53
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 A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 82  
(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)  
**LABORERS LOCAL NO. 91 POLITICAL ACTION FUND**

**A.**

Full Name (Last, First, Middle Initial) <b>CARMELO AMATO JR</b>		Date of Receipt MM / DD / YYYY <b>07 / 13 / 2009</b>
Mailing Address <b>3330 MCKINLEY PKWY</b>		<b>Transaction ID: SA11AI.8789</b>
City <b>BLASDELL</b>	State <b>NY</b>	Zip Code <b>14219</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.49</b>
Name of Employer <b>OAKGROVE CONSTRUCTION INC</b>	Occupation <b>LABORER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>234.86</b>	

**B.**

Full Name (Last, First, Middle Initial) <b>MICHAEL P BARONE</b>		Date of Receipt MM / DD / YYYY <b>11 / 24 / 2009</b>
Mailing Address <b>8747 MUNSON AVE</b>		<b>Transaction ID: SA11AI.8834</b>
City <b>NIAGARA FALLS</b>	State <b>NY</b>	Zip Code <b>14304</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>24.90</b>
Name of Employer <b>YARUSSI CONSTRUCTION INC</b>	Occupation <b>LABORER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.44</b>	

**C.**

Full Name (Last, First, Middle Initial) <b>MICHAEL P BARONE</b>		Date of Receipt MM / DD / YYYY <b>12 / 28 / 2009</b>
Mailing Address <b>8747 MUNSON AVE</b>		<b>Transaction ID: SA11AI.8835</b>
City <b>NIAGARA FALLS</b>	State <b>NY</b>	Zip Code <b>14304</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.14</b>
Name of Employer <b>YARUSSI CONSTRUCTION INC</b>	Occupation <b>LABORER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>220.58</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.53</b>
<b>TOTAL</b> 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 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
DAVID J BELLRENG

Mailing Address 3509 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LILL, FRANK & SON INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.8870

Amount of Each Receipt this Period  
37.88

**B.**

Full Name (Last, First, Middle Initial)  
DAVID J BELLRENG

Mailing Address 3509 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LILL, FRANK & SON INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 226.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.8871

Amount of Each Receipt this Period  
10.50

**C.**

Full Name (Last, First, Middle Initial)  
JAMES BELLRENG

Mailing Address 334 BRAMPTON RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
LILL, FRANK & SON INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 219.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.8875

Amount of Each Receipt this Period  
46.20

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

94.58

**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 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
JAMES BELLRENG

Mailing Address 334 BRAMPTON RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
LILL, FRANK & SON INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 233.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.8876

Amount of Each Receipt this Period

14.25

**B.**

Full Name (Last, First, Middle Initial)  
JAMES BELLRENG

Mailing Address 334 BRAMPTON RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
LILL, FRANK & SON INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 278.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8877

Amount of Each Receipt this Period

45.12

**C.**

Full Name (Last, First, Middle Initial)  
JAMES BELLRENG

Mailing Address 334 BRAMPTON RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
LILL, FRANK & SON INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 324.03

Date of Receipt

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

Transaction ID: SA11AI.8878

Amount of Each Receipt this Period

45.46

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

104.83

**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: (check only one)	PAGE 9 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL P BRIERLEY		Date of Receipt
	Mailing Address 132 - 68TH ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NIAGARA FALLS	NY	14304
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8922
Name of Employer INTERNATIONAL CHIMNEY CORP		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.49	<input type="text"/> 35.40

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL P BRIERLEY		Date of Receipt
	Mailing Address 132 - 68TH ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NIAGARA FALLS	NY	14304
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8923
Name of Employer INTERNATIONAL CHIMNEY CORP		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.77	<input type="text"/> 28.28

<b>C.</b>	Full Name (Last, First, Middle Initial) MIKE CAPALACES		Date of Receipt
	Mailing Address 176 WILLET RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BLASDEL	NY	14219
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8984
Name of Employer A.A.C. CONTRACTING INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.53	<input type="text"/> 12.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.91
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK CASE		Date of Receipt
	Mailing Address 8565 BUNKER HILL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	GASPORT	NY	14067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9007
Name of Employer CASE BORING CORP		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 276.10	<input type="text"/> 34.58

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK CASE		Date of Receipt
	Mailing Address 8565 BUNKER HILL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	GASPORT	NY	14067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9008
Name of Employer CASE BORING CORP		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 281.05	<input type="text"/> 4.95

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK CASE		Date of Receipt
	Mailing Address 8565 BUNKER HILL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	GASPORT	NY	14067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9009
Name of Employer CASE BORING CORP		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 294.25	<input type="text"/> 13.20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 52.73
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
MARK CASE

Mailing Address 8565 BUNKER HILL RD

City State Zip Code  
GASPORT NY 14067

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

Name of Employer Occupation  
CASE BORING CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.9010

Amount of Each Receipt this Period  
11.55

**B.**

Full Name (Last, First, Middle Initial)  
MARK CASE

Mailing Address 8565 BUNKER HILL RD

City State Zip Code  
GASPORT NY 14067

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

Name of Employer Occupation  
CASE BORING CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.63

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** SA11AI.9011

Amount of Each Receipt this Period  
27.83

**C.**

Full Name (Last, First, Middle Initial)  
MARK CASE

Mailing Address 8565 BUNKER HILL RD

City State Zip Code  
GASPORT NY 14067

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

Name of Employer Occupation  
CASE BORING CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 366.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 13 / 2009

**Transaction ID:** SA11AI.9012

Amount of Each Receipt this Period  
32.93

**SUBTOTAL** of Receipts This Page (optional) ..... ► **72.31**

**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 12 / 82  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
MARK CASE

Mailing Address 8565 BUNKER HILL RD

City State Zip Code  
GASPORT NY 14067

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

Name of Employer Occupation  
CASE BORING CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.86

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.9013

Amount of Each Receipt this Period  
3.30

**B.**

Full Name (Last, First, Middle Initial)  
VINCENT J CERRONE

Mailing Address 945 LOWER RIVER RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: SA11AI.9031

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
VINCENT J CERRONE

Mailing Address 945 LOWER RIVER RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

Transaction ID: SA11AI.9032

Amount of Each Receipt this Period  
24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **57.30**

**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 13 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
VINCENT J CERRONE

Mailing Address 945 LOWER RIVER RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.9033

Amount of Each Receipt this Period  
1.20

**B.**

Full Name (Last, First, Middle Initial)  
VINCENT J CERRONE

Mailing Address 945 LOWER RIVER RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 264.00

Date of Receipt

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

Transaction ID: SA11AI.9034

Amount of Each Receipt this Period  
28.80

**C.**

Full Name (Last, First, Middle Initial)  
VINCENT J CERRONE

Mailing Address 945 LOWER RIVER RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.00

Date of Receipt

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

Transaction ID: SA11AI.9035

Amount of Each Receipt this Period  
24.00

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

54.00

**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 14 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
VINCENT J GERRONE

Mailing Address 945 LOWER RIVER RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9036

Amount of Each Receipt this Period  
24.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT CHAUDRY

Mailing Address 4745 RIVER ROAD - NIAGARA FALLS

City State Zip Code  
NIAGARA FALLS, ON ZZ 99999

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

Name of Employer Occupation  
FRONTIER INSULATION CONT. LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.70

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.10571

Amount of Each Receipt this Period  
24.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL CHESNUT

Mailing Address 2709 RANSOMVILLE RD

City State Zip Code  
RANSOMVILLE NY 14131

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.29

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

**Transaction ID:** SA11AI.9040

Amount of Each Receipt this Period  
33.26

**SUBTOTAL** of Receipts This Page (optional) ..... ► 81.26

**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: (check only one)	PAGE 15 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL CHESNUT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 2709 RANSOMVILLE RD	<b>Transaction ID:</b> SA11AI.9041
	City RANSOMVILLE State NY Zip Code 14131	Amount of Each Receipt this Period 30.34
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.63	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL CHESNUT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 2709 RANSOMVILLE RD	<b>Transaction ID:</b> SA11AI.9042
	City RANSOMVILLE State NY Zip Code 14131	Amount of Each Receipt this Period 9.94
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.57	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL CHESNUT	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 9
	Mailing Address 2709 RANSOMVILLE RD	<b>Transaction ID:</b> SA11AI.9043
	City RANSOMVILLE State NY Zip Code 14131	Amount of Each Receipt this Period 26.70
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.27	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	66.98
<b>TOTAL</b> 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 16 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL CHESNUT

Mailing Address 2709 RANSOMVILLE RD

City RANSOMVILLE State NY Zip Code 14131

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

Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 297.03

Date of Receipt: MM / DD / YYYY 12 / 28 / 2009

Transaction ID: SA11AI.9044

Amount of Each Receipt this Period 25.76

**B.** Full Name (Last, First, Middle Initial)  
ROBERT A CONNOLLY

Mailing Address 1289 - 95TH ST

City NIAGARA FALLS State NY Zip Code 14304

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

Name of Employer LABORER'S LOCAL #91 Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY 08 / 19 / 2009

Transaction ID: SA11AI.9113

Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT A CONNOLLY

Mailing Address 1289 - 95TH ST

City NIAGARA FALLS State NY Zip Code 14304

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

Name of Employer LABORER'S LOCAL #91 Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt: MM / DD / YYYY 09 / 18 / 2009

Transaction ID: SA11AI.9114

Amount of Each Receipt this Period 24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.76

**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 17 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT A CONNOLLY

Mailing Address 1289 - 95TH ST

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.9115

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT A CONNOLLY

Mailing Address 1289 - 95TH ST

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.9116

Amount of Each Receipt this Period  
24.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT A CONNOLLY

Mailing Address 1289 - 95TH ST

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.9117

Amount of Each Receipt this Period  
24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **78.00**

**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 18 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
GARY COOK

Mailing Address P O BOX 508

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2009

Transaction ID: SA11AI.9133

Amount of Each Receipt this Period  
24.22

**B.**

Full Name (Last, First, Middle Initial)  
GARY COOK

Mailing Address P O BOX 508

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 13 / 2009

Transaction ID: SA11AI.9134

Amount of Each Receipt this Period  
23.08

**C.**

Full Name (Last, First, Middle Initial)  
GARY COOK

Mailing Address P O BOX 508

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 251.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 13 / 2009

Transaction ID: SA11AI.9135

Amount of Each Receipt this Period  
8.10

**SUBTOTAL** of Receipts This Page (optional) ..... ► **55.40**

**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 19 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
GARY COOK

Mailing Address P O BOX 508

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.95

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2009

**Transaction ID:** SA11AI.9136

Amount of Each Receipt this Period  
25.35

**B.**

Full Name (Last, First, Middle Initial)  
GARY COOK

Mailing Address P O BOX 508

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.49

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.9137

Amount of Each Receipt this Period  
28.54

**C.**

Full Name (Last, First, Middle Initial)  
N JOSEPH COSTA

Mailing Address 8226 WITKOP AVE

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
QUALITY INN LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** SA11AI.9146

Amount of Each Receipt this Period  
24.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► **78.45**

**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 20 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
N JOSEPH COSTA

Mailing Address 8226 WITKOP AVE

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
QUALITY INN LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 238.73

Date of Receipt

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

Transaction ID: SA11AI.9147

Amount of Each Receipt this Period  
18.23

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.07

Date of Receipt

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

Transaction ID: SA11AI.9155

Amount of Each Receipt this Period  
6.34

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 226.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.9156

Amount of Each Receipt this Period  
16.73

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

41.30

**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 21 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 262.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.9157

Amount of Each Receipt this Period  
35.52

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.9158

Amount of Each Receipt this Period  
9.45

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 308.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.9159

Amount of Each Receipt this Period  
36.50

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

81.47

**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 22 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
SEVENSON ENVIRONMENTAL SVC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 338.46

Date of Receipt

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

Transaction ID: SA11AI.9160

Amount of Each Receipt this Period

30.19

**B.**

Full Name (Last, First, Middle Initial)  
TODD M DOTY

Mailing Address 3175 SOUTH CREEK RD

City State Zip Code  
HAMBURG NY 14075

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

Name of Employer Occupation  
TUG HILL CONSTRUCTION, IN- C. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9211

Amount of Each Receipt this Period

35.17

**C.**

Full Name (Last, First, Middle Initial)  
TODD M DOTY

Mailing Address 3175 SOUTH CREEK RD

City State Zip Code  
HAMBURG NY 14075

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

Name of Employer Occupation  
TUG HILL CONSTRUCTION, IN- C. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.9212

Amount of Each Receipt this Period

28.84

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

94.20

**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 23 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
TODD M DOTY

Mailing Address 3175 SOUTH CREEK RD

City State Zip Code  
HAMBURG NY 14075

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

Name of Employer  
TUG HILL CONSTRUCTION, IN-C.

Occupation  
LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.88

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2009

Transaction ID: SA11AI.9213

Amount of Each Receipt this Period

33.33

**B.**

Full Name (Last, First, Middle Initial)  
TODD M DOTY

Mailing Address 3175 SOUTH CREEK RD

City State Zip Code  
HAMBURG NY 14075

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

Name of Employer  
TUG HILL CONSTRUCTION, IN-C.

Occupation  
LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.19

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2009

Transaction ID: SA11AI.9214

Amount of Each Receipt this Period

30.31

**C.**

Full Name (Last, First, Middle Initial)  
TODD M DOTY

Mailing Address 3175 SOUTH CREEK RD

City State Zip Code  
HAMBURG NY 14075

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

Name of Employer  
TUG HILL CONSTRUCTION, IN-C.

Occupation  
LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
311.32

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2009

Transaction ID: SA11AI.9215

Amount of Each Receipt this Period

7.13

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

70.77

**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: (check only one)	PAGE 24 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) TODD M DOTY		Date of Receipt
	Mailing Address 3175 SOUTH CREEK RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	HAMBURG	NY	14075
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9216
Name of Employer TUG HILL CONSTRUCTION, IN-C.		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 344.02	<input type="text"/> 32.70

<b>B.</b>	Full Name (Last, First, Middle Initial) TODD M DOTY		Date of Receipt
	Mailing Address 3175 SOUTH CREEK RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	HAMBURG	NY	14075
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9217
Name of Employer TUG HILL CONSTRUCTION, IN-C.		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 363.26	<input type="text"/> 19.24

<b>C.</b>	Full Name (Last, First, Middle Initial) BARRY DUBETSKY		Date of Receipt
	Mailing Address 1058 YOUNGSTOWN-LOCKPORT RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	YOUNGSTOWN	NY	14174
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9226
Name of Employer YARUSSI CONSTRUCTION INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.96	<input type="text"/> 33.04

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 84.98
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
BARRY DUBETSKY

Mailing Address 1058 YOUNGSTOWN-LOCKPORT RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.9227

Amount of Each Receipt this Period  
33.26

**B.**

Full Name (Last, First, Middle Initial)  
BARRY DUBETSKY

Mailing Address 1058 YOUNGSTOWN-LOCKPORT RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.9228

Amount of Each Receipt this Period  
11.70

**C.**

Full Name (Last, First, Middle Initial)  
BARRY DUBETSKY

Mailing Address 1058 YOUNGSTOWN-LOCKPORT RD

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9229

Amount of Each Receipt this Period  
30.19

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.15**

**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: (check only one)	PAGE 26 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) BARRY DUBETSKY	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 1058 YOUNGSTOWN-LOCKPORT RD	<b>Transaction ID:</b> SA11AI.9230
	City State Zip Code YOUNGSTOWN NY 14174	Amount of Each Receipt this Period 34.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation YARUSSI CONSTRUCTION INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.91	

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS W DUMOND	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 7027 KINNE ROAD	<b>Transaction ID:</b> SA11AI.9246
	City State Zip Code LOCKPORT NY 14094	Amount of Each Receipt this Period 26.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation YARUSSI CONSTRUCTION INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.88	

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS W DUMOND	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 7027 KINNE ROAD	<b>Transaction ID:</b> SA11AI.9247
	City State Zip Code LOCKPORT NY 14094	Amount of Each Receipt this Period 24.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation YARUSSI CONSTRUCTION INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	86.69
<b>TOTAL</b> 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 27 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
DANNY, SR. P DUNN

Mailing Address 105 LAKEWOOD VILLAGE

City State Zip Code  
MEDINA NY 14103

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 217.58

Date of Receipt

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

Transaction ID: SA11AI.9260

Amount of Each Receipt this Period  
29.60

**B.**

Full Name (Last, First, Middle Initial)  
DANNY, SR. P DUNN

Mailing Address 105 LAKEWOOD VILLAGE

City State Zip Code  
MEDINA NY 14103

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.92

Date of Receipt

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

Transaction ID: SA11AI.9261

Amount of Each Receipt this Period  
24.34

**C.**

Full Name (Last, First, Middle Initial)  
DANNY JR DUNN

Mailing Address 5934 LOCUST ST EXT

City State Zip Code  
LOCKPORT NY 14094

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 217.43

Date of Receipt

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

Transaction ID: SA11AI.9255

Amount of Each Receipt this Period  
17.78

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

71.72

**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 28 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
W RICHARD DUNN

Mailing Address 5934 LOCUST STREET EXT

City State Zip Code  
LOCKPORT NY 14094

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.9269

Amount of Each Receipt this Period  
22.99

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN W DUNN

Mailing Address 3494 UPPER MOUNTAIN RD

City State Zip Code  
SANBORN NY 14132

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9276

Amount of Each Receipt this Period  
24.56

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN W DUNN

Mailing Address 3494 UPPER MOUNTAIN RD

City State Zip Code  
SANBORN NY 14132

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.9277

Amount of Each Receipt this Period  
11.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► **59.25**

**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: (check only one)	PAGE 29 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) M CHRISTOPHER EMES	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 3055 MACKLEM AVE	<b>Transaction ID:</b> SA11AI.9287
	City State Zip Code NIAGARA FALLS NY 14305	Amount of Each Receipt this Period 1.65
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MILLAWN LANDSCAPING INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.45	

<b>B.</b>	Full Name (Last, First, Middle Initial) M CHRISTOPHER EMES	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address 3055 MACKLEM AVE	<b>Transaction ID:</b> SA11AI.9288
	City State Zip Code NIAGARA FALLS NY 14305	Amount of Each Receipt this Period 16.95
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MILLAWN LANDSCAPING INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) J JOSEPH FALCONE	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 154 74TH STREET	<b>Transaction ID:</b> SA11AI.9329
	City State Zip Code NIAGARA FALLS NY 14304	Amount of Each Receipt this Period 26.03
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation L.L.#91 EDUCATIONAL & TRAIN.FUND LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.23	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	44.63
<b>TOTAL</b> 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 30 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
STEVEN E FARRELL

Mailing Address 4533 FREEMAN RD

City State Zip Code  
MIDDLEPORT NY 14105

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

Name of Employer Occupation  
A.A.C. CONTRACTING INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.88

Date of Receipt

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

Transaction ID: SA11AI.9339

Amount of Each Receipt this Period  
15.83

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN E FARRELL

Mailing Address 4533 FREEMAN RD

City State Zip Code  
MIDDLEPORT NY 14105

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

Name of Employer Occupation  
A.A.C. CONTRACTING INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.28

Date of Receipt

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

Transaction ID: SA11AI.9340

Amount of Each Receipt this Period  
2.40

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN E FARRELL

Mailing Address 4533 FREEMAN RD

City State Zip Code  
MIDDLEPORT NY 14105

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

Name of Employer Occupation  
A.A.C. CONTRACTING INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.58

Date of Receipt

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

Transaction ID: SA11AI.9341

Amount of Each Receipt this Period  
6.30

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

24.53

**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 31 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
STEVEN E FARRELL

Mailing Address 4533 FREEMAN RD

City MIDDLEPORT State NY Zip Code 14105

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

Name of Employer A.A.C. CONTRACTING INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.58

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI.9342

Amount of Each Receipt this Period: 6.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID J FIDELI

Mailing Address 343 HOWARD DRIVE

City YOUNGSTOWN State NY Zip Code 14174

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

Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.75

Date of Receipt: MM / DD / YYYY  
09 / 22 / 2009

Transaction ID: SA11AI.9351

Amount of Each Receipt this Period: 34.84

**C.** Full Name (Last, First, Middle Initial)  
DAVID J FIDELI

Mailing Address 343 HOWARD DRIVE

City YOUNGSTOWN State NY Zip Code 14174

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

Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.58

Date of Receipt: MM / DD / YYYY  
10 / 22 / 2009

Transaction ID: SA11AI.9352

Amount of Each Receipt this Period: 33.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► 74.67

**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 32 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
DAVID J FIDELI

Mailing Address 343 HOWARD DRIVE

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.9353

Amount of Each Receipt this Period  
12.26

**B.**

Full Name (Last, First, Middle Initial)  
DAVID J FIDELI

Mailing Address 343 HOWARD DRIVE

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.89

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9354

Amount of Each Receipt this Period  
28.05

**C.**

Full Name (Last, First, Middle Initial)  
DAVID J FIDELI

Mailing Address 343 HOWARD DRIVE

City State Zip Code  
YOUNGSTOWN NY 14174

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.9355

Amount of Each Receipt this Period  
31.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► 71.85

**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: (check only one)	PAGE 33 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) DENNIS GAGLIARDO		Date of Receipt
	Mailing Address 763 THE CIRCLE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LEWISTON	NY	14092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9369
Name of Employer YARUSSI CONSTRUCTION INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.50"/>	<input type="text" value="28.39"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) DENNIS GAGLIARDO		Date of Receipt
	Mailing Address 763 THE CIRCLE		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LEWISTON	NY	14092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9370
Name of Employer YARUSSI CONSTRUCTION INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="252.31"/>	<input type="text" value="26.81"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM M GRACE		Date of Receipt
	Mailing Address 1323 - 104TH ST		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NIAGARA FALLS	NY	14304
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9411
Name of Employer L.L.#91 WELFARE FUND		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="85.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) WILLIAM M GRACE		Date of Receipt MM / DD / YYYY 09 / 02 / 2009	
Mailing Address 1323 - 104TH ST		<b>Transaction ID:</b> SA11AI.9412	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer L.L.#91 WELFARE FUND	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

**B.**

Full Name (Last, First, Middle Initial) WILLIAM M GRACE		Date of Receipt MM / DD / YYYY 10 / 01 / 2009	
Mailing Address 1323 - 104TH ST		<b>Transaction ID:</b> SA11AI.9413	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer L.L.#91 WELFARE FUND	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00		

**C.**

Full Name (Last, First, Middle Initial) WILLIAM M GRACE		Date of Receipt MM / DD / YYYY 11 / 04 / 2009	
Mailing Address 1323 - 104TH ST		<b>Transaction ID:</b> SA11AI.9414	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer L.L.#91 WELFARE FUND	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	78.00
<b>TOTAL</b> 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: (check only one)	PAGE 35 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM M GRACE	Date of Receipt
	Mailing Address 1323 - 104TH ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	City State Zip Code NIAGARA FALLS NY 14304	<b>Transaction ID:</b> SA11AI.9415
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 24.00
	Name of Employer Occupation L.L.#91 WELFARE FUND LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 312.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ERIC GREEN	Date of Receipt
	Mailing Address 2457 WASHINGTON ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	City State Zip Code NIAGARA FALLS NY 14304	<b>Transaction ID:</b> SA11AI.9426
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 22.58
	Name of Employer Occupation INTERNATIONAL CHIMNEY CORP LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.85	

<b>C.</b>	Full Name (Last, First, Middle Initial) ERIC GREEN	Date of Receipt
	Mailing Address 2457 WASHINGTON ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 0 9
	City State Zip Code NIAGARA FALLS NY 14304	<b>Transaction ID:</b> SA11AI.9427
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.40
	Name of Employer Occupation INTERNATIONAL CHIMNEY CORP LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 246.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 81.98
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
ERIC GREEN  
 Mailing Address 2457 WASHINGTON ST  
 City State Zip Code  
 NIAGARA FALLS NY 14304  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 9  
**Transaction ID:** SA11AI.9428  
 Amount of Each Receipt this Period  
 28.05  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTERNATIONAL CHIMNEY CORP LABORER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 274.30

**B.** Full Name (Last, First, Middle Initial)  
GORDON R HASELEY JR  
 Mailing Address 6667 DALE RD  
 City State Zip Code  
 NEWFANE NY 14108  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 9  
**Transaction ID:** SA11AI.9473  
 Amount of Each Receipt this Period  
 28.96  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TUG HILL CONSTRUCTION, IN- C. LABORER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 214.79

**C.** Full Name (Last, First, Middle Initial)  
GORDON R HASELEY JR  
 Mailing Address 6667 DALE RD  
 City State Zip Code  
 NEWFANE NY 14108  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 2 / 2 0 0 9  
**Transaction ID:** SA11AI.9474  
 Amount of Each Receipt this Period  
 31.02  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TUG HILL CONSTRUCTION, IN- C. LABORER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 245.81

**SUBTOTAL** of Receipts This Page (optional) ..... ► 88.03  
**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 37 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
GORDON R HASELEY JR

Mailing Address 6667 DALE RD

City NEWFANE State NY Zip Code 14108

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

Name of Employer TUG HILL CONSTRUCTION, IN-C. Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.26

Date of Receipt: 11 / 12 / 2009

Transaction ID: SA11AI.9475

Amount of Each Receipt this Period: 6.45

**B.**

Full Name (Last, First, Middle Initial)  
GORDON R HASELEY JR

Mailing Address 6667 DALE RD

City NEWFANE State NY Zip Code 14108

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

Name of Employer TUG HILL CONSTRUCTION, IN-C. Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.94

Date of Receipt: 12 / 04 / 2009

Transaction ID: SA11AI.9476

Amount of Each Receipt this Period: 18.68

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL HENLEY

Mailing Address 8195 REMSEN RD

City AKRON State NY Zip Code 14001

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

Name of Employer ALDRIDGE ELECTRIC INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.65

Date of Receipt: 07 / 15 / 2009

Transaction ID: SA11AI.9484

Amount of Each Receipt this Period: 29.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► 54.98

**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 38 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) MICHAEL HENLEY		Date of Receipt MM / DD / YYYY 08 / 14 / 2009
Mailing Address 8195 REMSEN RD		<b>Transaction ID:</b> SA11AI.9485
City AKRON	State NY	Zip Code 14001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.85
Name of Employer ALDRIDGE ELECTRIC INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.50	

**B.**

Full Name (Last, First, Middle Initial) MICHAEL HENLEY		Date of Receipt MM / DD / YYYY 09 / 15 / 2009
Mailing Address 8195 REMSEN RD		<b>Transaction ID:</b> SA11AI.9486
City AKRON	State NY	Zip Code 14001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.91
Name of Employer ALDRIDGE ELECTRIC INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.41	

**C.**

Full Name (Last, First, Middle Initial) MICHAEL HENLEY		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 8195 REMSEN RD		<b>Transaction ID:</b> SA11AI.9487
City AKRON	State NY	Zip Code 14001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.85
Name of Employer ALDRIDGE ELECTRIC INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	94.61
<b>TOTAL</b> 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: (check only one)	PAGE 39 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL HENLEY	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address 8195 REMSEN RD	<b>Transaction ID:</b> SA11AI.9488
	City State Zip Code AKRON NY 14001	Amount of Each Receipt this Period 29.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALDRIDGE ELECTRIC INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.11	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL HENLEY	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 8195 REMSEN RD	<b>Transaction ID:</b> SA11AI.9489
	City State Zip Code AKRON NY 14001	Amount of Each Receipt this Period 37.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALDRIDGE ELECTRIC INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.42	

<b>C.</b>	Full Name (Last, First, Middle Initial) S LYLE HEWITT	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 4928 CREEK RD	<b>Transaction ID:</b> SA11AI.9510
	City State Zip Code LEWISTON NY 14092	Amount of Each Receipt this Period 5.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation A.A.C. CONTRACTING INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.86
<b>TOTAL</b> 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 40 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) S LYLE HEWITT		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9	
Mailing Address 4928 CREEK RD		<b>Transaction ID:</b> SA11AI.9511	
City LEWISTON	State NY	Zip Code 14092	Amount of Each Receipt this Period 6.00
FEC ID number of contributing federal political committee. C			
Name of Employer A.A.C. CONTRACTING INC	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.20		

**B.**

Full Name (Last, First, Middle Initial) ROBERT E HORNE JR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9	
Mailing Address 7406 PACKARD RD		<b>Transaction ID:</b> SA11AI.9528	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 43.91
FEC ID number of contributing federal political committee. C			
Name of Employer OAKGROVE CONSTRUCTION INC	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.17		

**C.**

Full Name (Last, First, Middle Initial) ROBERT E HOUT		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 9	
Mailing Address 516 - 28TH ST		<b>Transaction ID:</b> SA11AI.9530	
City NIAGARA FALLS	State NY	Zip Code 14301	Amount of Each Receipt this Period 22.05
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON, WALTER S. BLDG. CO.	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	71.96
<b>TOTAL</b> 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 41 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
ROBERT E HOUT

Mailing Address 516 - 28TH ST

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
JOHNSON, WALTER S. BLDG. LABORER  
CO.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 237.97

Date of Receipt  

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

**Transaction ID:** SA11AI.9531

Amount of Each Receipt this Period  
28.05

**B.** Full Name (Last, First, Middle Initial)  
ROBERT E HOUT

Mailing Address 516 - 28TH ST

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
JOHNSON, WALTER S. BLDG. LABORER  
CO.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 239.17

Date of Receipt  

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

**Transaction ID:** SA11AI.9532

Amount of Each Receipt this Period  
1.20

**C.** Full Name (Last, First, Middle Initial)  
ROBERT E HOUT

Mailing Address 516 - 28TH ST

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
JOHNSON, WALTER S. BLDG. LABORER  
CO.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 271.42

Date of Receipt  

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

**Transaction ID:** SA11AI.9533

Amount of Each Receipt this Period  
32.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 61.50

**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 42 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT E HOUT

Mailing Address 516 - 28TH ST

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
JOHNSON, WALTER S. BLDG. CO. LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.62

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: SA11AI.9534

Amount of Each Receipt this Period  
19.20

**B.**

Full Name (Last, First, Middle Initial)  
PAUL A HOYT

Mailing Address 1397 CARAVELLE DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.40

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

Transaction ID: SA11AI.9537

Amount of Each Receipt this Period  
28.16

**C.**

Full Name (Last, First, Middle Initial)  
PAUL A HOYT

Mailing Address 1397 CARAVELLE DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.71

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

Transaction ID: SA11AI.9538

Amount of Each Receipt this Period  
1.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.67**

**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 43 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
PAUL A HOYT

Mailing Address 1397 CARAVELLE DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.35

Date of Receipt

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

Transaction ID: SA11AI.9539

Amount of Each Receipt this Period

33.64

**B.**

Full Name (Last, First, Middle Initial)  
PAUL A HOYT

Mailing Address 1397 CARAVELLE DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 272.47

Date of Receipt

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

Transaction ID: SA11AI.9540

Amount of Each Receipt this Period

31.12

**C.**

Full Name (Last, First, Middle Initial)  
PAUL A HOYT

Mailing Address 1397 CARAVELLE DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CERRONE MARK V INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 298.20

Date of Receipt

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

Transaction ID: SA11AI.9541

Amount of Each Receipt this Period

25.73

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

90.49

**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 44 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
SCOTT JARVIS

Mailing Address 2243 PIERCE AVE

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.12

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2009

Transaction ID: SA11AI.9572

Amount of Each Receipt this Period  
33.34

**B.**

Full Name (Last, First, Middle Initial)  
SCOTT JARVIS

Mailing Address 2243 PIERCE AVE

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2009

Transaction ID: SA11AI.9573

Amount of Each Receipt this Period  
29.10

**C.**

Full Name (Last, First, Middle Initial)  
SCOTT JARVIS

Mailing Address 2243 PIERCE AVE

City State Zip Code  
NIAGARA FALLS NY 14301

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 261.71

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2009

Transaction ID: SA11AI.9574

Amount of Each Receipt this Period  
12.49

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

74.93

**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 45 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) SCOTT JARVIS		Date of Receipt MM / DD / YYYY 11 / 24 / 2009
Mailing Address 2243 PIERCE AVE		<b>Transaction ID:</b> SA11AI.9575
City NIAGARA FALLS	State NY	Zip Code 14301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.61
Name of Employer YARUSSI CONSTRUCTION INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.32	

**B.**

Full Name (Last, First, Middle Initial) SCOTT JARVIS		Date of Receipt MM / DD / YYYY 12 / 28 / 2009
Mailing Address 2243 PIERCE AVE		<b>Transaction ID:</b> SA11AI.9576
City NIAGARA FALLS	State NY	Zip Code 14301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.21
Name of Employer YARUSSI CONSTRUCTION INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.53	

**C.**

Full Name (Last, First, Middle Initial) RICHARD J JOHNSON		Date of Receipt MM / DD / YYYY 12 / 28 / 2009
Mailing Address 527 - 74TH ST		<b>Transaction ID:</b> SA11AI.9606
City NIAGARA FALLS	State NY	Zip Code 14304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.45
Name of Employer MASSA CONSTRUCTION, INC.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.49	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.27
<b>TOTAL</b> 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 46 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) TODD E KLUMPP		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2009
Mailing Address 6540 DRAKE SETTLEMENT RD		<b>Transaction ID:</b> SA11AI.9646
City APPLETON	State NY	Zip Code 14008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.44
Name of Employer TUG HILL CONSTRUCTION, IN-C.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.29	

**B.**

Full Name (Last, First, Middle Initial) TODD E KLUMPP		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2009
Mailing Address 6540 DRAKE SETTLEMENT RD		<b>Transaction ID:</b> SA11AI.9647
City APPLETON	State NY	Zip Code 14008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.98
Name of Employer TUG HILL CONSTRUCTION, IN-C.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.27	

**C.**

Full Name (Last, First, Middle Initial) TODD E KLUMPP		Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2009
Mailing Address 6540 DRAKE SETTLEMENT RD		<b>Transaction ID:</b> SA11AI.9648
City APPLETON	State NY	Zip Code 14008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.37
Name of Employer TUG HILL CONSTRUCTION, IN-C.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.79
<b>TOTAL</b> 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 47 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) TODD E KLUMPP		Date of Receipt MM / DD / YYYY 11 / 12 / 2009
	Mailing Address 6540 DRAKE SETTLEMENT RD		<b>Transaction ID:</b> SA11AI.9649
	City APPLETON	State NY	Zip Code 14008
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.14
Name of Employer TUG HILL CONSTRUCTION, IN-C.		Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.78	

<b>B.</b>	Full Name (Last, First, Middle Initial) TODD E KLUMPP		Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 6540 DRAKE SETTLEMENT RD		<b>Transaction ID:</b> SA11AI.9650
	City APPLETON	State NY	Zip Code 14008
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer TUG HILL CONSTRUCTION, IN-C.		Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 298.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Enrico D. Liberale		Date of Receipt MM / DD / YYYY 08 / 19 / 2009
	Mailing Address 6676 CLOVER LEAF COURT		<b>Transaction ID:</b> SA11AI.9705
	City NIAGARA FALLS	State NY	Zip Code 14304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer LABORER'S LOCAL #91		Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

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

57.38

**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 48 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Enrico D. Liberale

Mailing Address 6676 CLOVER LEAF COURT

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 234.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.9706

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Enrico D. Liberale

Mailing Address 6676 CLOVER LEAF COURT

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 264.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2009

Transaction ID: SA11AI.9707

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Enrico D. Liberale

Mailing Address 6676 CLOVER LEAF COURT

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2009

Transaction ID: SA11AI.9708

Amount of Each Receipt this Period

24.00

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

78.00

**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 49 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Enrico D. Liberale

Mailing Address 6676 CLOVER LEAF COURT

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00

Date of Receipt

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

Transaction ID: SA11AI.9709

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)  
FRANK G MANARINO

Mailing Address 6873 JOANNE CIRCLE

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
JOHNSON, WALTER S. BLDG. CO. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 214.39

Date of Receipt

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

Transaction ID: SA11AI.9759

Amount of Each Receipt this Period

24.11

**C.**

Full Name (Last, First, Middle Initial)  
FRANK G MANARINO

Mailing Address 6873 JOANNE CIRCLE

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
JOHNSON, WALTER S. BLDG. CO. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 244.28

Date of Receipt

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

Transaction ID: SA11AI.9760

Amount of Each Receipt this Period

29.89

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

78.00

**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 50 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) FRANK G MANARINO		Date of Receipt MM / DD / YYYY 11 / 18 / 2009
Mailing Address 6873 JOANNE CIRCLE		<b>Transaction ID:</b> SA11AI.9761
City NIAGARA FALLS	State NY	Zip Code 14304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.73
Name of Employer JOHNSON, WALTER S. BLDG. CO.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.01	

**B.**

Full Name (Last, First, Middle Initial) FRANK G MANARINO		Date of Receipt MM / DD / YYYY 12 / 21 / 2009
Mailing Address 6873 JOANNE CIRCLE		<b>Transaction ID:</b> SA11AI.9762
City NIAGARA FALLS	State NY	Zip Code 14304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.70
Name of Employer JOHNSON, WALTER S. BLDG. CO.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.71	

**C.**

Full Name (Last, First, Middle Initial) P RICHARD MARTINEZ		Date of Receipt MM / DD / YYYY 12 / 28 / 2009
Mailing Address 7502 ST JOSEPH ROAD		<b>Transaction ID:</b> SA11AI.9790
City NIAGARA FALLS	State NY	Zip Code 14304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer THYSENKRUPP SAFWAY, INC.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.31	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	76.43
<b>TOTAL</b> 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 51 / 82  
(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

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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM T MAYBERRY

Mailing Address 105 POUND ST

City LOCKPORT State NY Zip Code 14094

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

Name of Employer ANASTASI TRUCKING & PAVING Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.20

Date of Receipt: MM / DD / YYYY  
10 / 16 / 2009

Transaction ID: SA11AI.9800

Amount of Each Receipt this Period: 31.20

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM T MAYBERRY

Mailing Address 105 POUND ST

City LOCKPORT State NY Zip Code 14094

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

Name of Employer ANASTASI TRUCKING & PAVING Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.01

Date of Receipt: MM / DD / YYYY  
11 / 17 / 2009

Transaction ID: SA11AI.9801

Amount of Each Receipt this Period: 26.81

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM T MAYBERRY

Mailing Address 105 POUND ST

City LOCKPORT State NY Zip Code 14094

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

Name of Employer ANASTASI TRUCKING & PAVING Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 271.24

Date of Receipt: MM / DD / YYYY  
12 / 17 / 2009

Transaction ID: SA11AI.9802

Amount of Each Receipt this Period: 24.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► 82.24

**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 52 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) R DONALD MC GUIRE JR		Date of Receipt MM / DD / YYYY 12 / 28 / 2009
Mailing Address 3159 RIDGE ROAD		<b>Transaction ID:</b> SA11AI.9824
City RANSOMVILLE	State NY	Zip Code 14131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 8.40
Name of Employer THYSSENKRUPP SAFWAY, INC.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.67	

**B.**

Full Name (Last, First, Middle Initial) T TIMOTHY MC KIE		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 2288 MT HOPE RD		<b>Transaction ID:</b> SA11AI.9847
City SANBORN	State NY	Zip Code 14132
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer CERRONE ARMAND INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.15	

**C.**

Full Name (Last, First, Middle Initial) T TIMOTHY MC KIE		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 2288 MT HOPE RD		<b>Transaction ID:</b> SA11AI.9848
City SANBORN	State NY	Zip Code 14132
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.54
Name of Employer CERRONE ARMAND INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	69.94
<b>TOTAL</b> 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 53 / 82

(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

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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) E WILLIAM MURPHY		Date of Receipt
	Mailing Address 7570 GOW RD		<input type="text" value="11"/> <input type="text" value="16"/> <input type="text" value="2009"/>
	City	State	Zip Code
	APPLETON	NY	14008
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.9921
Name of Employer CIMATO BROTHERS INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.80"/>
		<input type="text" value="201.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) E WILLIAM MURPHY		Date of Receipt
	Mailing Address 7570 GOW RD		<input type="text" value="12"/> <input type="text" value="10"/> <input type="text" value="2009"/>
	City	State	Zip Code
	APPLETON	NY	14008
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.9922
Name of Employer CIMATO BROTHERS INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.90"/>
		<input type="text" value="216.90"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARSHALL OLDHAM		Date of Receipt
	Mailing Address 238 79TH STREET		<input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2009"/>
	City	State	Zip Code
	NIAGARA FALLS	NY	14304
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.9959
Name of Employer CERRONE MARK V INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.57"/>
		<input type="text" value="204.18"/>	

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

**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 54 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) MARSHALL OLDHAM		Date of Receipt
Mailing Address 238 79TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 8 / 2 0 0 9
City	State	Zip Code
NIAGARA FALLS	NY	14304
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9960
Name of Employer CERRONE MARK V INC		Amount of Each Receipt this Period
Occupation LABORER		<input type="text"/> 20.85
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 225.03	

**B.**

Full Name (Last, First, Middle Initial) MICHAEL P ORSI		Date of Receipt
Mailing Address 69 MASON DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 1 6 / 2 0 0 9
City	State	Zip Code
NIAGARA FALLS	NY	14304
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9968
Name of Employer CERRONE MARK V INC		Amount of Each Receipt this Period
Occupation LABORER		<input type="text"/> 27.16
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 204.78	

**C.**

Full Name (Last, First, Middle Initial) MICHAEL P ORSI		Date of Receipt
Mailing Address 69 MASON DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 4 / 2 0 0 9
City	State	Zip Code
NIAGARA FALLS	NY	14304
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9969
Name of Employer CERRONE MARK V INC		Amount of Each Receipt this Period
Occupation LABORER		<input type="text"/> 1.20
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 205.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 49.21
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL P ORSI

Mailing Address 69 MASON DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer CERRONE MARK V INC Occupation LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.9970

Amount of Each Receipt this Period  
32.26

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL P ORSI

Mailing Address 69 MASON DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer CERRONE MARK V INC Occupation LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.9971

Amount of Each Receipt this Period  
23.06

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL P ORSI

Mailing Address 69 MASON DR

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer CERRONE MARK V INC Occupation LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9972

Amount of Each Receipt this Period  
23.78

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79.10**

**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 56 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL PALLADINO

Mailing Address 7154 ELLICOTT RD

City State Zip Code  
LOCKPORT NY 14094

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** SA11AI.9991

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL PALLADINO

Mailing Address 7154 ELLICOTT RD

City State Zip Code  
LOCKPORT NY 14094

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** SA11AI.9992

Amount of Each Receipt this Period  
24.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL PALLADINO

Mailing Address 7154 ELLICOTT RD

City State Zip Code  
LOCKPORT NY 14094

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

Name of Employer Occupation  
LABORER'S LOCAL #91 LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.9993

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **84.00**

**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 57 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL PALLADINO  
Mailing Address 7154 ELLICOTT RD  
City LOCKPORT State NY Zip Code 14094  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LABORER'S LOCAL #91 Occupation LABORER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.00  
Date of Receipt 11 / 16 / 2009  
Transaction ID: SA11AI.9994  
Amount of Each Receipt this Period 24.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL PALLADINO  
Mailing Address 7154 ELLICOTT RD  
City LOCKPORT State NY Zip Code 14094  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LABORER'S LOCAL #91 Occupation LABORER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.9995  
Amount of Each Receipt this Period 24.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD PALLADINO  
Mailing Address 7657 HIGHLAND DR  
City GASPORT State NY Zip Code 14067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer L.L.#91 EDUCATIONAL & TRAIN.FUND Occupation LABORER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 08 / 06 / 2009  
Transaction ID: SA11AI.9997  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.00  
**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: (check only one)	PAGE 58 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD PALLADINO	Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2009
	Mailing Address 7657 HIGHLAND DR	<b>Transaction ID:</b> SA11AI.9998
	City State Zip Code GASPORT NY 14067	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer L.L.#91 EDUCATIONAL & TRA-IN.FUND Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD PALLADINO	Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2009
	Mailing Address 7657 HIGHLAND DR	<b>Transaction ID:</b> SA11AI.9999
	City State Zip Code GASPORT NY 14067	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer L.L.#91 EDUCATIONAL & TRA-IN.FUND Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD PALLADINO	Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2009
	Mailing Address 7657 HIGHLAND DR	<b>Transaction ID:</b> SA11AI.10000
	City State Zip Code GASPORT NY 14067	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer L.L.#91 EDUCATIONAL & TRA-IN.FUND Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	78.00
<b>TOTAL</b> 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 59 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD PALLADINO

Mailing Address 7657 HIGHLAND DR

City State Zip Code  
GASPORT NY 14067

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

Name of Employer  
L.L.#91 EDUCATIONAL & TRA-  
IN.FUND

Occupation  
LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt

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

Transaction ID: SA11AI.10001

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)  
E DONALD PAOLINI

Mailing Address 1555 HUTH RD

City State Zip Code  
GRAND ISLAND NY 14072

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

Name of Employer  
MADER CONSTRUCTION CO INC

Occupation  
LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.23

Date of Receipt

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

Transaction ID: SA11AI.10038

Amount of Each Receipt this Period

3.22

**C.**

Full Name (Last, First, Middle Initial)  
E DONALD PAOLINI

Mailing Address 1555 HUTH RD

City State Zip Code  
GRAND ISLAND NY 14072

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

Name of Employer  
MADER CONSTRUCTION CO INC

Occupation  
LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.63

Date of Receipt

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

Transaction ID: SA11AI.10039

Amount of Each Receipt this Period

2.40

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

29.62

**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 60 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
E DONALD PAOLINI

Mailing Address 1555 HUTH RD

City State Zip Code  
GRAND ISLAND NY 14072

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

Name of Employer Occupation  
MADER CONSTRUCTION CO INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.58

Date of Receipt

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

Transaction ID: SA11AI.10040

Amount of Each Receipt this Period

7.95

**B.**

Full Name (Last, First, Middle Initial)  
J MARK PERRY

Mailing Address 5642 FRONTIER AVE

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
INTERNATIONAL CHIMNEY CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.82

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10084

Amount of Each Receipt this Period

35.40

**C.**

Full Name (Last, First, Middle Initial)  
J MARK PERRY

Mailing Address 5642 FRONTIER AVE

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
INTERNATIONAL CHIMNEY CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.87

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.10085

Amount of Each Receipt this Period

28.05

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

71.40

**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 61 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
CHRIS PRIMS

Mailing Address 61 CORONET DR

City State Zip Code  
TONAWANDA NY 14150

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

Name of Employer Occupation  
A.A.C. CONTRACTING INC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.69

Date of Receipt

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

Transaction ID: SA11AI.10111

Amount of Each Receipt this Period

12.26

**B.**

Full Name (Last, First, Middle Initial)  
JOHN PRITCHARD

Mailing Address 8696 ROUTE 353

City State Zip Code  
CATTARAUGUS NY 14719

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

Name of Employer Occupation  
BABCOCK UTILITIES, INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 306.61

Date of Receipt

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

Transaction ID: SA11AI.10112

Amount of Each Receipt this Period

7.35

**C.**

Full Name (Last, First, Middle Initial)  
JOHN PRITCHARD

Mailing Address 8696 ROUTE 353

City State Zip Code  
CATTARAUGUS NY 14719

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

Name of Employer Occupation  
BABCOCK UTILITIES, INC. LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.10113

Amount of Each Receipt this Period

28.73

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

48.34

**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: (check only one)	PAGE 62 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID RAMBINO	Date of Receipt
	Mailing Address 3650 - 7TH ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	City State Zip Code WOODLAWN NY 14219	<b>Transaction ID:</b> SA11AI.10128
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 28.46
Name of Employer CERRONE ARMAND INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 200.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID RAMBINO	Date of Receipt
	Mailing Address 3650 - 7TH ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	City State Zip Code WOODLAWN NY 14219	<b>Transaction ID:</b> SA11AI.10129
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.32
Name of Employer CERRONE ARMAND INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 225.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) LAWRENCE ROBINSON III	Date of Receipt
	Mailing Address 6019 GRAUER RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 9 / 1 8 / 2 0 0 9
	City State Zip Code NIAGARA FALLS NY 14305	<b>Transaction ID:</b> SA11AI.10149
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.24
Name of Employer JOHNSON, WALTER S. BLDG. CO.	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 208.61	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 79.02
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) LAWRENCE ROBINSON III		Date of Receipt
Mailing Address 6019 GRAUER RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code NIAGARA FALLS NY 14305		<input type="text"/> 1 0 / <input type="text"/> 2 1 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.10150
Name of Employer Occupation JOHNSON, WALTER S. BLDG. CO. LABORER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 26.33
Aggregate Year-to-Date ▼ <input type="text"/> 234.94		

**B.**

Full Name (Last, First, Middle Initial) LAWRENCE ROBINSON III		Date of Receipt
Mailing Address 6019 GRAUER RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code NIAGARA FALLS NY 14305		<input type="text"/> 1 1 / <input type="text"/> 1 8 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.10151
Name of Employer Occupation JOHNSON, WALTER S. BLDG. CO. LABORER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 23.55
Aggregate Year-to-Date ▼ <input type="text"/> 258.49		

**C.**

Full Name (Last, First, Middle Initial) LAWRENCE ROBINSON III		Date of Receipt
Mailing Address 6019 GRAUER RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code NIAGARA FALLS NY 14305		<input type="text"/> 1 2 / <input type="text"/> 2 1 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.10152
Name of Employer Occupation JOHNSON, WALTER S. BLDG. CO. LABORER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 31.35
Aggregate Year-to-Date ▼ <input type="text"/> 289.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 81.23
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
ROBIN ROSS

Mailing Address 3354 LOWER MT RD

City State Zip Code  
SANBORN NY 14132

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

Name of Employer Occupation  
A.A.C. CONTRACTING INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.10170

Amount of Each Receipt this Period  
4.80

**B.** Full Name (Last, First, Middle Initial)  
ANDRE ROSSO

Mailing Address 846 ORCHARD DR

City State Zip Code  
LEWISTON NY 14092

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.10177

Amount of Each Receipt this Period  
29.21

**C.** Full Name (Last, First, Middle Initial)  
ANDRE ROSSO

Mailing Address 846 ORCHARD DR

City State Zip Code  
LEWISTON NY 14092

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

Name of Employer Occupation  
YARUSSI CONSTRUCTION INC LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.10178

Amount of Each Receipt this Period  
28.84

**SUBTOTAL** of Receipts This Page (optional) ..... ► **62.85**

**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 65 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
ROBERT M SCALZO

Mailing Address 5792 BUFFALO ST

City SANBORN State NY Zip Code 14132

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

Name of Employer JOHNSON, WALTER S. BLDG. CO. Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.19

Date of Receipt: 10 / 21 / 2009

Transaction ID: SA11AI.10228

Amount of Each Receipt this Period: 32.66

**B.** Full Name (Last, First, Middle Initial)  
ROBERT M SCALZO

Mailing Address 5792 BUFFALO ST

City SANBORN State NY Zip Code 14132

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

Name of Employer JOHNSON, WALTER S. BLDG. CO. Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.79

Date of Receipt: 11 / 18 / 2009

Transaction ID: SA11AI.10229

Amount of Each Receipt this Period: 24.60

**C.** Full Name (Last, First, Middle Initial)  
ROBERT M SCALZO

Mailing Address 5792 BUFFALO ST

City SANBORN State NY Zip Code 14132

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

Name of Employer JOHNSON, WALTER S. BLDG. CO. Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.59

Date of Receipt: 12 / 21 / 2009

Transaction ID: SA11AI.10230

Amount of Each Receipt this Period: 19.80

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 77.06

**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: (check only one)	PAGE 66 / 82
	<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MATT SCHIAVI	Date of Receipt
	Mailing Address 649 SARA COURT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 8 / 2 0 0 9
	City State Zip Code LEWISTON NY 14092	<b>Transaction ID:</b> SA11AI.10251
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 45.45
	Name of Employer Occupation LILL, FRANK & SON INC. LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 218.82	

<b>B.</b>	Full Name (Last, First, Middle Initial) MATT SCHIAVI	Date of Receipt
	Mailing Address 649 SARA COURT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 4 / 2 0 0 9
	City State Zip Code LEWISTON NY 14092	<b>Transaction ID:</b> SA11AI.10252
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 15.11
	Name of Employer Occupation LILL, FRANK & SON INC. LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 233.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) E CARL SCHUL	Date of Receipt
	Mailing Address 5340 CAMBRIA RD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 9
	City State Zip Code SANBORN NY 14132	<b>Transaction ID:</b> SA11AI.10261
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 42.00
	Name of Employer Occupation L.V.I. ENVIRONMENTAL SER INC LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 226.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 102.56
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) GARY SIMS		Date of Receipt MM / DD / YYYY 11 / 16 / 2009
Mailing Address 2636 LWR MOUNTAIN RD		<b>Transaction ID:</b> SA11AI.10295
City RANSOMVILLE	State NY	Zip Code 14131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.40
Name of Employer INTERNATIONAL CHIMNEY CORP	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.30	

**B.**

Full Name (Last, First, Middle Initial) GARY SIMS		Date of Receipt MM / DD / YYYY 12 / 14 / 2009
Mailing Address 2636 LWR MOUNTAIN RD		<b>Transaction ID:</b> SA11AI.10296
City RANSOMVILLE	State NY	Zip Code 14131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.27
Name of Employer INTERNATIONAL CHIMNEY CORP	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.57	

**C.**

Full Name (Last, First, Middle Initial) ETHAN A STEIN		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 5885 MILLER RD		<b>Transaction ID:</b> SA11AI.10341
City Niagara Falls	State NY	Zip Code 14304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.35
Name of Employer CERRONE MARK V INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.63	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.02
<b>TOTAL</b> 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 68 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial)  
ETHAN A STEIN

Mailing Address 5885 MILLER RD

City State Zip Code  
Niagara Falls NY 14304

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

Name of Employer CERRONE MARK V INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.61

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: SA11AI.10342

Amount of Each Receipt this Period  
33.98

**B.** Full Name (Last, First, Middle Initial)  
ETHAN A STEIN

Mailing Address 5885 MILLER RD

City State Zip Code  
Niagara Falls NY 14304

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

Name of Employer CERRONE MARK V INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.85

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

Transaction ID: SA11AI.10343

Amount of Each Receipt this Period  
25.24

**C.** Full Name (Last, First, Middle Initial)  
ETHAN A STEIN

Mailing Address 5885 MILLER RD

City State Zip Code  
Niagara Falls NY 14304

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

Name of Employer CERRONE MARK V INC Occupation LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.27

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

Transaction ID: SA11AI.10344

Amount of Each Receipt this Period  
1.42

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **60.64**

**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 69 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial) ETHAN A STEIN		Date of Receipt
Mailing Address 5885 MILLER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 19 / 2009
City	State	Zip Code
Niagara Falls	NY	14304
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10345
Name of Employer CERRONE MARK V INC		Amount of Each Receipt this Period
Occupation LABORER		<input type="text"/> 29.60
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 301.87	

**B.**

Full Name (Last, First, Middle Initial) ETHAN A STEIN		Date of Receipt
Mailing Address 5885 MILLER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 12 / 2009
City	State	Zip Code
Niagara Falls	NY	14304
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10346
Name of Employer CERRONE MARK V INC		Amount of Each Receipt this Period
Occupation LABORER		<input type="text"/> 24.34
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 326.21	

**C.**

Full Name (Last, First, Middle Initial) ETHAN A STEIN		Date of Receipt
Mailing Address 5885 MILLER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 18 / 2009
City	State	Zip Code
Niagara Falls	NY	14304
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10347
Name of Employer CERRONE MARK V INC		Amount of Each Receipt this Period
Occupation LABORER		<input type="text"/> 22.80
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 349.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 76.74
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) BRUCE STENZEL		Date of Receipt
	Mailing Address 1098 UPPER MOUNTAIN RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LEWISTON	NY	14092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10354
Name of Employer MADER CONSTRUCTION CO INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.84	<input type="text"/> 55.65

<b>B.</b>	Full Name (Last, First, Middle Initial) BRUCE STENZEL		Date of Receipt
	Mailing Address 1098 UPPER MOUNTAIN RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LEWISTON	NY	14092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10355
Name of Employer MADER CONSTRUCTION CO INC		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 277.84	<input type="text"/> 42.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DOMINICK L TALLARICO		Date of Receipt
	Mailing Address 7822 PACKARD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NIAGARA FALLS	NY	14304
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10375
Name of Employer CIMINELLI LP CONST CORP		Occupation LABORER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 203.73	<input type="text"/> 31.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 129.11
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 82  
(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
DOMINICK L TALLARICO

Mailing Address 7822 PACKARD RD

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CIMINELLI LP CONST CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.10376

Amount of Each Receipt this Period  
12.38

**B.**

Full Name (Last, First, Middle Initial)  
DOMINICK L TALLARICO

Mailing Address 7822 PACKARD RD

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CIMINELLI LP CONST CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.10377

Amount of Each Receipt this Period  
26.93

**C.**

Full Name (Last, First, Middle Initial)  
DOMINICK L TALLARICO

Mailing Address 7822 PACKARD RD

City State Zip Code  
NIAGARA FALLS NY 14304

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

Name of Employer Occupation  
CIMINELLI LP CONST CORP LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.10378

Amount of Each Receipt this Period  
17.55

**SUBTOTAL** of Receipts This Page (optional) ..... ► 56.86

**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: (check only one)	PAGE 72 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPH A TRAVERS	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Mailing Address 177 HIGH PARK BLVD	<b>Transaction ID:</b> SA11AI.10418
	City AMHERST State NY Zip Code 14226	Amount of Each Receipt this Period 20.21
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NICHOLS, LONG & MOORE CON-ST. Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.99	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD VANONE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Mailing Address 2160 ADAMS CIRCLE	<b>Transaction ID:</b> SA11AI.10451
	City RANSOMVILLE State NY Zip Code 14131	Amount of Each Receipt this Period 31.91
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer YARUSSI CONSTRUCTION INC Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.68	

<b>C.</b>	Full Name (Last, First, Middle Initial) P JEAN VIVIAN	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Mailing Address 5912 SHAWNEE RD	<b>Transaction ID:</b> SA11AI.10482
	City CAMBRIA State NY Zip Code 14132	Amount of Each Receipt this Period 21.75
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CAMBRIA CONTRACTING CORP. Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>73.87</b>
<b>TOTAL</b> 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 73 / 82

(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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)  
KARL WALKER

Mailing Address 5278 BRIDGEMAN RD

City State Zip Code  
SANBORN NY 14132

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

Name of Employer Occupation  
D'ANDREA CONSTRUCTION, LLC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.10492

Amount of Each Receipt this Period

18.49
-------

**B.**

Full Name (Last, First, Middle Initial)  
KARL WALKER

Mailing Address 5278 BRIDGEMAN RD

City State Zip Code  
SANBORN NY 14132

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

Name of Employer Occupation  
D'ANDREA CONSTRUCTION, LLC LABORER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 218.00

Date of Receipt

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

Transaction ID: SA11AI.10493

Amount of Each Receipt this Period

17.48
-------

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

35.97
-------

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

4957.38
---------

**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 74 / 82

<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A.	Full Name (Last, First, Middle Initial) ARCARA & BORCZYNSKI LLP	Transaction ID: SB29.10630 Date of Disbursement 09 / 10 / 2009
	Mailing Address 424 MAIN STREET, SUITE 1806	Amount of Each Disbursement this Period 975.00
	City BUFFALO State NY Zip Code 14202	
	Purpose of Disbursement	001 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) ARCARA & BORCZYNSKI LLP	Transaction ID: SB29.10633 Date of Disbursement 12 / 08 / 2009
	Mailing Address 424 MAIN STREET, SUITE 1806	Amount of Each Disbursement this Period 650.00
	City BUFFALO State NY Zip Code 14202	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CARSON KELLEY	Transaction ID: SB29.10618 Date of Disbursement 09 / 01 / 2009
	Mailing Address 6340 MANN ROAD	Amount of Each Disbursement this Period 500.00
	City AKRON State NY Zip Code 14001	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2125.00

**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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CARSON KELLEY	Transaction ID: SB29.10627
	Mailing Address 6340 MANN ROAD	Date of Disbursement MM / DD / YYYY 10 / 13 / 2009
	City AKRON State NY Zip Code 14001	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLES WALKER	Transaction ID: SB29.10598
	Mailing Address P.O. BOX 1991	Date of Disbursement MM / DD / YYYY 08 / 24 / 2009
	City NIAGARA FALLS State NY Zip Code 14302	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLES WALKER	Transaction ID: SB29.10625
	Mailing Address P.O. BOX 1991	Date of Disbursement MM / DD / YYYY 10 / 06 / 2009
	City NIAGARA FALLS State NY Zip Code 14302	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1300.00
<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 77 / 82

<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JASON MURGIA

Transaction ID: SB29.10614

Date of Disbursement

Mailing Address 1225 MAIN STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

City State Zip Code  
NIAGARA FALLS NY 14301

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

900.00
--------

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JIM SCHAFFER

Transaction ID: SB29.10574

Date of Disbursement

Mailing Address 413 TORRANCE AVENUE

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

City State Zip Code  
VESTAL NY 13850

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF KRISTEN GRANDINETTI

Transaction ID: SB29.10600

Date of Disbursement

Mailing Address 710 ORCHARD PARKWAY

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

City State Zip Code  
NIAGARA FALLS NY 14301

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

900.00
--------

Candidate Name

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

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

2800.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 82

<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF SAM CONTI <hr/> Mailing Address 2557 NICOLE DRIVE <hr/> City NIAGARA FALLS State NY Zip Code 14304 <hr/> Purpose of Disbursement 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: SB29.10626 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF TONY NEMI <hr/> Mailing Address 7038 NORTHVIEW DRIVE <hr/> City LOCKPORT State NY Zip Code 14094 <hr/> Purpose of Disbursement 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: SB29.10621 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 900.00
<b>C.</b>	Full Name (Last, First, Middle Initial) LABORERS LOCAL 91 <hr/> Mailing Address 2556 SENECA AVE. <hr/> City NIAGARA FALLS State NY Zip Code 14305 <hr/> Purpose of Disbursement 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: SB29.10631 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 192.28

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

1592.28

**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 80 / 82

<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)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b> Full Name (Last, First, Middle Initial) NYS POLITICAL ACTION COMMITTEE <hr/> Mailing Address 18 WOODS BOULEVARD <hr/> City ALBANY State NY Zip Code 12211 <hr/> Purpose of Disbursement <hr/> 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: SB29.10577 Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2009
	Amount of Each Disbursement this Period 332.99
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NYS POLITICAL ACTION COMMITTEE <hr/> Mailing Address 18 WOODS BOULEVARD <hr/> City ALBANY State NY Zip Code 12211 <hr/> Purpose of Disbursement <hr/> 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: SB29.10578 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2009
	Amount of Each Disbursement this Period 381.56
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NYS POLITICAL ACTION COMMITTEE <hr/> Mailing Address 18 WOODS BOULEVARD <hr/> City ALBANY State NY Zip Code 12211 <hr/> Purpose of Disbursement <hr/> 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: SB29.10620 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2009
	Amount of Each Disbursement this Period 346.89
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1061.44

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) NYS POLITICAL ACTION COMMITTEE <hr/> Mailing Address 18 WOODS BOULEVARD <hr/> City ALBANY State NY Zip Code 12211 <hr/> Purpose of Disbursement 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: SB29.10623 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 546.82
<b>B.</b>	Full Name (Last, First, Middle Initial) NYS POLITICAL ACTION COMMITTEE <hr/> Mailing Address 18 WOODS BOULEVARD <hr/> City ALBANY State NY Zip Code 12211 <hr/> Purpose of Disbursement 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: SB29.10628 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 372.81
<b>C.</b>	Full Name (Last, First, Middle Initial) NYS POLITICAL ACTION COMMITTEE <hr/> Mailing Address 18 WOODS BOULEVARD <hr/> City ALBANY State NY Zip Code 12211 <hr/> Purpose of Disbursement 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: SB29.10629 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 430.56

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1350.19
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

<b>A.</b> Full Name (Last, First, Middle Initial) RENA E KIMBAL Mailing Address 3320 HYDE PARK BLVD City NIAGARA FALLS State NY Zip Code 14305 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.10582 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) REPUBLICAN CITY COMMITTEE Mailing Address 590 WILLIAM STREET City NORTH TONAWANDA State NY Zip Code 14120 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.10616 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type 011

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

1000.00

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

14528.91