

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

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
880 PA

ADDRESS (number and street) 12298 Townsend Road

Check if different than previously reported. (ACC)

Philadelphia PA 19154

2. **FEC IDENTIFICATION NUMBER** C00174847

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 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. Daniel H. Grace

Signature of Treasurer Electronically Filed by Mr. Daniel H. Grace Date 07 29 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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		183862.64
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	183862.64									
(c) Total Receipts (from Line 19)	36189.14	36189.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	220051.78	220051.78								
7. Total Disbursements (from Line 31)	40708.01	40708.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179343.77	179343.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	35650.44	35650.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35650.44	35650.44
(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)	35650.44	35650.44
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.)	538.70	538.70
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))	36189.14	36189.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36189.14	36189.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12968.22	12968.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12968.22	12968.22
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.....	27739.79	27739.79
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))..	40708.01	40708.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40708.01	40708.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	35650.44	35650.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35650.44	35650.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12968.22	12968.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12968.22	12968.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A. Full Name (Last, First, Middle Initial)
Westfield Insurance

Mailing Address P.O. Box 9001566

City	State	Zip Code
Louisville	KY	40290-1566

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
531.99

Date of Receipt

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

Transaction ID: SA17.4593

Amount of Each Receipt this Period
531.99

Refund on insurance premi-um

SUBTOTAL of Receipts This Page (optional)	▶	531.99
TOTAL This Period (last page this line number only)	▶	531.99

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) AIM IT Solutions	Transaction ID: SB21B.4574 Date of Disbursement 05 / 06 / 2009
	Mailing Address 64 E. Uwchlan Ave #240	Amount of Each Disbursement this Period 1162.00
	City Exton State PA Zip Code 19335	
	Purpose of Disbursement Computer maintenance	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) American Products	Transaction ID: SB21B.4516 Date of Disbursement 02 / 04 / 2009
	Mailing Address 1600 North Clinton	Amount of Each Disbursement this Period 519.00
	City Rochester State NY Zip Code 14621	
	Purpose of Disbursement DRIVE pens	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) J.A. Mariano Agency	Transaction ID: SB21B.4541 Date of Disbursement 03 / 04 / 2009
	Mailing Address 679 Landis Avenue PO Box 390	Amount of Each Disbursement this Period 3901.00
	City Rosenhayn State NJ Zip Code 08352	
	Purpose of Disbursement Tractor trailer insurance	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)	5582.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) J.P. Tee's Mailing Address 2930 Richmond Street City Philadelphia State PA Zip Code 19134 Purpose of Disbursement Christmas banners for truck 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: SB21B.4506 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 449.40
B.	Full Name (Last, First, Middle Initial) TD Bank Mailing Address 1701 Route 70 East City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Tax deposit - Form 1120POL 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: SB21B.4532 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 2847.00
C.	Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830 Mailing Address 12298 Townsend Road City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 11/08 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: SB21B.4508 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 236.73

SUBTOTAL of Disbursements This Page (optional) ▶

3533.13

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830	Transaction ID: SB21B.4509 Date of Disbursement 01 / 07 / 2009
	Mailing Address 12298 Townsend Road	Amount of Each Disbursement this Period 528.09
	City Philadelphia State PA Zip Code 19154	
	Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 12/08	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830	Transaction ID: SB21B.4518 Date of Disbursement 02 / 11 / 2009
	Mailing Address 12298 Townsend Road	Amount of Each Disbursement this Period 400.62
	City Philadelphia State PA Zip Code 19154	
	Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 1/09	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830	Transaction ID: SB21B.4549 Date of Disbursement 03 / 25 / 2009
	Mailing Address 12298 Townsend Road	Amount of Each Disbursement this Period 364.20
	City Philadelphia State PA Zip Code 19154	
	Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 2/09	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1292.91
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830</p> <p>Mailing Address 12298 Townsend Road</p> <p>City Philadelphia State PA Zip Code 19154</p> <p>Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 3/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4563</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 710.19</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830</p> <p>Mailing Address 12298 Townsend Road</p> <p>City Philadelphia State PA Zip Code 19154</p> <p>Purpose of Disbursement Reimburse postage for mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4566</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 45.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830</p> <p>Mailing Address 12298 Townsend Road</p> <p>City Philadelphia State PA Zip Code 19154</p> <p>Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 4/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4573</p> <p>Date of Disbursement 05 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 418.83</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1174.17

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 11 / 22

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

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NAME OF COMMITTEE (In Full)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A. Full Name (Last, First, Middle Initial) Teamsters Local Union No. 830 Mailing Address 12298 Townsend Road City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Reimburse for DRIVE admin work - Crescitelli 5/09 Candidate Name	Transaction ID: SB21B.4577 Date of Disbursement MM / DD / YYYY 06 / 03 / 2009
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) U.S. Airways Mailing Address P.O. Box 15710 City Wilmington State DE Zip Code 19886 Purpose of Disbursement Airfare for state lobbyist meeting Candidate Name	Transaction ID: SB21B.4514 Date of Disbursement MM / DD / YYYY 01 / 29 / 2009
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1272.76

TOTAL This Period (last page this line number only)

12854.97

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 22

<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)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) 55th Ward	Transaction ID: SB29.4519 Date of Disbursement
	Mailing Address 3200 Magee Avenue	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19149	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser donation	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bristol Twp Democratic Committee	Transaction ID: SB29.4533 Date of Disbursement
	Mailing Address 32 Crimson King Lane	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Levittown State PA Zip Code 19055	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Broad Street Publishing	Transaction ID: SB29.4511 Date of Disbursement
	Mailing Address 53 Haddonfield Road	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Cherry Hill State NJ Zip Code 08002	Amount of Each Disbursement this Period
	Purpose of Disbursement Full page ad for Matt Taubenberger in NE Times	<input type="text" value="1334.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2834.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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

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)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Bucks County Democratic Committee <hr/> Mailing Address 17 West Court Street <hr/> City Doylestown State PA Zip Code 18901 <hr/> Purpose of Disbursement Fundraiser tickets 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: SB29.4567 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Bucks Victory <hr/> Mailing Address 27 High Road <hr/> City Levittown State PA Zip Code 19056 <hr/> Purpose of Disbursement Full page ad 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: SB29.4581 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Chris Asplen District Attorney for Bucks County <hr/> Mailing Address PO Box 463 <hr/> City Doylestown State PA Zip Code 18901-9998 <hr/> Purpose of Disbursement Contribution 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: SB29.4553 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Committee to Elect Fran Shields Mailing Address 325 Chestnut Street Suite 515 City Philadelphia State PA Zip Code 19106 Purpose of Disbursement Fundraiser tickets 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: SB29.4561 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Committee to Elect Joseph C. Waters Jr Mailing Address 1518 Walnut Street Suite 906 City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Fundraiser contribution 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: SB29.4535 Date of Disbursement 03 / 04 / 2009	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Committee to Elect Judge Jimmy Lynn Mailing Address PO Box 3010 City Blue Bell State PA Zip Code 19422-3010 Purpose of Disbursement Fundraiser tickets 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: SB29.4543 Date of Disbursement 03 / 12 / 2009	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Committee to Elect Judge Jimmy Lynn	Transaction ID: SB29.4570 Date of Disbursement
	Mailing Address PO Box 3010	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Blue Bell State PA Zip Code 19422-3010	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Judge Pat Dugan	Transaction ID: SB29.4528 Date of Disbursement
	Mailing Address P.O. Box 11202	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19136	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser tickets	<input type="text" value="625.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Judge Pat Dugan	Transaction ID: SB29.4558 Date of Disbursement
	Mailing Address P.O. Box 11202	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19136	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3325.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Judge Burns	Transaction ID: SB29.4525 Date of Disbursement
	Mailing Address One Oxford Valley Road Suite 301	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Langhorne State PA Zip Code 19047	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Len Brown	Transaction ID: SB29.4523 Date of Disbursement
	Mailing Address 1859 Hollandale Drive	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Bensalem State PA Zip Code 19020	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delran Democratic Committee	Transaction ID: SB29.4568 Date of Disbursement
	Mailing Address 18 Stoneham Drive	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Delran State NJ Zip Code 08075	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Friends of Alan Butkovitz Mailing Address 7730 Richard Street City Philadelphia State PA Zip Code 19152 Purpose of Disbursement Contribution 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: SB29.4537 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Bob Brady Mailing Address 2040 Market Street City Philadelphia State PA Zip Code 19103 Purpose of Disbursement Fundraiser contribution (mayoral) 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: SB29.4527 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Friends of Brian O'Neill Mailing Address 15209 Bernita Drive City Philadelphia State PA Zip Code 19116 Purpose of Disbursement Fundraiser tickets 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: SB29.4551 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A. Full Name (Last, First, Middle Initial)
Friends of Cathleen Kelly Rebar

Mailing Address 135 Oakdale Avenue

City Eagleville State PA Zip Code 19403

Purpose of Disbursement
Fundraiser tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Friends of Dominic Pileggi

Mailing Address 323 West Front Street

City Media State PA Zip Code 19063

Purpose of Disbursement
Fundraiser tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends of Jonathan Saidel

Mailing Address Two Commerce Square - 2001 Market
Suite 2900

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Fundraiser tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4578

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(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)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Friends of Mark Levy Mailing Address P.O. Box 176 City Norristown State PA Zip Code 19404 Purpose of Disbursement Fundraiser tickets 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: SB29.4515 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Sheriff Duke Donnelly Mailing Address 1835 Lafayette Drive City Southampton State PA Zip Code 18966 Purpose of Disbursement Fundraiser tickets 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: SB29.4565 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Friends of the 58th Ward Mailing Address 1247 Southampton Road City Philadelphia State PA Zip Code 19116 Purpose of Disbursement Ad page for fundraiser 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: SB29.4531 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 350.00

SUBTOTAL of Disbursements This Page (optional) ▶

1350.00

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

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

Use separate schedule(s)
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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)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) Friends to Elect Mike McGeehan	Transaction ID: SB29.4517 Date of Disbursement 02 / 04 / 2009
	Mailing Address 4401 Cottman Avenue	Amount of Each Disbursement this Period 300.00
	City Philadelphia State PA Zip Code 19135	
	Purpose of Disbursement Fundraiser tickets	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 to Elect Mike McGeehan	Transaction ID: SB29.4555 Date of Disbursement 04 / 01 / 2009
	Mailing Address 4401 Cottman Avenue	Amount of Each Disbursement this Period 500.00
	City Philadelphia State PA Zip Code 19135	
	Purpose of Disbursement Contribution	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) J.P. Tee's	Transaction ID: SB29.4513 Date of Disbursement 01 / 14 / 2009
	Mailing Address 2930 Richmond Street	Amount of Each Disbursement this Period 1254.04
	City Philadelphia State PA Zip Code 19134	
	Purpose of Disbursement Lawn signs for Matt Taubenger	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)	2054.04
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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)
Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) J.P. Tee's	Transaction ID: SB29.4580 Date of Disbursement 06 / 24 / 2009
	Mailing Address 2930 Richmond Street	Amount of Each Disbursement this Period 1096.75
	City Philadelphia State PA Zip Code 19134	
	Purpose of Disbursement Pat Dugan for Judge lawn signs	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McCaffery for District Attorney	Transaction ID: SB29.4530 Date of Disbursement 02 / 20 / 2009
	Mailing Address P.O. Box 51251	Amount of Each Disbursement this Period 900.00
	City Philadelphia State PA Zip Code 19115	
	Purpose of Disbursement Fundraiser tickets	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McCaffery for District Attorney	Transaction ID: SB29.4576 Date of Disbursement 05 / 18 / 2009
	Mailing Address P.O. Box 51251	Amount of Each Disbursement this Period 5000.00
	City Philadelphia State PA Zip Code 19115	
	Purpose of Disbursement Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6996.75
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)

Brewery Soft Drink Beer Distr Optical Dental Misc Workers Warehouseman Help Local
830 PA

A.	Full Name (Last, First, Middle Initial) PA State Constable Mike Gallagher <hr/> Mailing Address 1800 Byberry Road PO Box 1613 <hr/> City Bensalem State PA Zip Code 19020 <hr/> Purpose of Disbursement Contribution 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: SB29.4521 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Republican City Committee <hr/> Mailing Address 1700 Benjamin Franklin Parkway <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement Contribution 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: SB29.4510 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) The Democratic Campaign Committee of Phila <hr/> Mailing Address 1421 Walnut Street <hr/> City Philadelphia State PA Zip Code 19102 <hr/> Purpose of Disbursement Fundraiser tickets 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: SB29.4571 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 750.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

26989.79