

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

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

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

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

5. Covering Period 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 Michael Mulvaney

Signature of Treasurer Electronically Filed by Michael Mulvaney Date 12 10 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 **FEC FORM 3X** (Rev. 12/2004)

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

Write or Type Committee Name  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

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		59921.25
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	59921.25									
(c) Total Receipts (from Line 19) .....	88898.69	88898.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148819.94	148819.94								
7. Total Disbursements (from Line 31) .....	104940.74	104940.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43879.20	43879.20								
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

STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

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

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) .....	87103.31	87103.31
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	87103.31	87103.31
(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) .....	87103.31	87103.31
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) .....	1795.38	1795.38
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)) .....	88898.69	88898.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	88898.69	88898.69

**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.....	79060.74	79060.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	79060.74	79060.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9700.00	9700.00
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.....	16180.00	16180.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	104940.74	104940.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	104940.74	104940.74

**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) .....	87103.31	87103.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87103.31	87103.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	79060.74	79060.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1795.38	1795.38
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	77265.36	77265.36

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

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187  
City WARREN State NJ Zip Code 07059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2481.93  
Date of Receipt 01 / 07 / 2009  
Transaction ID: SA11AI.6222  
Amount of Each Receipt this Period 2481.93  
Pac Fund Dues

**B.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187  
City WARREN State NJ Zip Code 07059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 13221.92  
Date of Receipt 01 / 16 / 2009  
Transaction ID: SA11AI.6221  
Amount of Each Receipt this Period 10739.99  
Pac Fund Dues

**C.** Full Name (Last, First, Middle Initial)  
Steamfitters Local Union 475  
Mailing Address PO BOX 4187  
City WARREN State NJ Zip Code 07059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15985.96  
Date of Receipt 02 / 17 / 2009  
Transaction ID: SA11AI.6232  
Amount of Each Receipt this Period 2764.04  
Pac Fund Dues

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15985.96  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 7 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

City WARREN State NJ Zip Code 07059

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 23138.10

Date of Receipt: 02 / 24 / 2009  
**Transaction ID:** SA11AI.6233  
 Amount of Each Receipt this Period: 7152.14  
 Pac Fund Dues

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

City WARREN State NJ Zip Code 07059

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 32680.74

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** SA11AI.6247  
 Amount of Each Receipt this Period: 9542.64  
 Pac Fund Dues

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

City WARREN State NJ Zip Code 07059

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 33144.19

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** SA11AI.6248  
 Amount of Each Receipt this Period: 463.45  
 Pac Fund Dues

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17158.23

**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 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address **PO BOX 4187**

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

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **35066.63**

Date of Receipt **04 / 02 / 2009**  
**Transaction ID: SA11AI.6263**  
 Amount of Each Receipt this Period **1922.44**  
 Pac Fund Dues

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

Mailing Address **PO BOX 4187**

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

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **49412.95**

Date of Receipt **04 / 15 / 2009**  
**Transaction ID: SA11AI.6262**  
 Amount of Each Receipt this Period **14346.32**  
 Pac Fund Dues

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

Mailing Address **PO BOX 4187**

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

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **49568.95**

Date of Receipt **04 / 22 / 2009**  
**Transaction ID: SA11AI.6261**  
 Amount of Each Receipt this Period **156.00**  
 Pac Fund Dues

**SUBTOTAL** of Receipts This Page (optional) ..... ► **16424.76**

**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 9 / 35  
(check only one)

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

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

**A.**

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

Mailing Address PO BOX 4187

City State Zip Code  
**WARREN NJ 07059**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
71431.85

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.6277

Amount of Each Receipt this Period  
21862.90

pac fund dues

**B.**

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

Mailing Address PO BOX 4187

City State Zip Code  
**WARREN NJ 07059**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
74299.31

Date of Receipt  

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

**Transaction ID:** SA11AI.6276

Amount of Each Receipt this Period  
2867.46

Pac Fund Dues

**C.**

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

Mailing Address PO BOX 4187

City State Zip Code  
**WARREN NJ 07059**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
87103.31

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	9

**Transaction ID:** SA11AI.6301

Amount of Each Receipt this Period  
12804.00

Pac Fund Dues

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>37534.36</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"><b>87103.31</b></span>

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

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

FOR LINE NUMBER: PAGE 10 / 35

(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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Shoreham Hotel Delete - OMNI

Mailing Address 2500 Calvert Street NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1645.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: SA15.6264

Amount of Each Receipt this Period

1645.38

Refund for National Building Trades Conf.

**B.**

Full Name (Last, First, Middle Initial)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 4187  
136 MOUNT BETHEL ROAD

City State Zip Code  
WARREN NJ 07059

FEC ID number of contributing federal political committee. **C** C00252395

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt

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

Transaction ID: SA15.6265

Amount of Each Receipt this Period

150.00

Refund

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

1795.38

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

1795.38

**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)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Congressional Briefing Meeting</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6249</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 820.62</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement AFL-CIO PAC Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6269</p> <p>Date of Disbursement 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1246.39</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement AFL-CIO PAC Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6307</p> <p>Date of Disbursement 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 741.00</p>

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

2808.01

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Borgota Hotel Casino

Mailing Address One Borgota Way

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement  
5 Hotel Reservations

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6288

Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

1482.00

B.

Full Name (Last, First, Middle Initial)

BUILDING & CONSTRUCTION TRADES DEPT

Mailing Address 815 16TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
6 registrations legislative conference

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6243

Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

900.00

C.

Full Name (Last, First, Middle Initial)

GREGORY CASEY

Mailing Address 42 HAZELWOOD AVENUE

City LIVINGSTON State NJ Zip Code 07039

Purpose of Disbursement  
Nat'l Bldg Trades Legislative Conference

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6284

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

600.00

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

2982.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
William Folinusz

Transaction ID: SB21B.6313  
Date of Disbursement

Mailing Address 30 Blake Avenue

/   /

City Cranford State NJ Zip Code 07016

Amount of Each Disbursement this Period

Purpose of Disbursement  
AFL-CIO Conference

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

B.

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

Transaction ID: SB21B.6285  
Date of Disbursement

Mailing Address 54 WEST INMAN AVENUE

/   /

City RAHWAY State NJ Zip Code 07065

Amount of Each Disbursement this Period

Purpose of Disbursement  
Nat'l Bldg Trades Legislative Conference

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
MACPAC

Transaction ID: SB21B.6223  
Date of Disbursement

Mailing Address 1301 South Columbus Blvd

/   /

City Philadelphia State PA Zip Code 19147

Amount of Each Disbursement this Period

Purpose of Disbursement  
2009 Capita

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) THOMAS MANNING <hr/> Mailing Address 28 No. Cherokee Lane <hr/> City Brick State NJ Zip Code 08724 <hr/> Purpose of Disbursement AFL-CIO Executive Council Meeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6245 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 450.00
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS MANNING <hr/> Mailing Address 28 No. Cherokee Lane <hr/> City Brick State NJ Zip Code 08724 <hr/> Purpose of Disbursement Natl Bldg Trades Legislative Conference Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6287 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS MANNING <hr/> Mailing Address 28 No. Cherokee Lane <hr/> City Brick State NJ Zip Code 08724 <hr/> Purpose of Disbursement AFL-CIO Conference Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6312 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 450.00

**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)

PAGE 15 / 35

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MCANJ - PAC</p> <p>Mailing Address P.O. Box 390</p> <p>City Springfield State NJ Zip Code 07081</p> <p>Purpose of Disbursement</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6317 <b>Date of Disbursement</b> 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) John McQuilken</p> <p>Mailing Address 573 No. Lake Shore Drive</p> <p>City Brick State NJ Zip Code 08723</p> <p>Purpose of Disbursement AFL-CIO Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6310 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MSPC</p> <p>Mailing Address 340 North Ave</p> <p>City Cranford State NJ Zip Code 07016</p> <p>Purpose of Disbursement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6278 <b>Date of Disbursement</b> 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

3950.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NJ DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address 196 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.6302</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NJ Seed</p> <p>Mailing Address 479 W. State Street</p> <p>City Trenton State NJ Zip Code 08618</p> <p>Purpose of Disbursement 2009 per capita</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.6251</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO</p> <p>Mailing Address 106 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement full page ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.6241</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO</p> <p>Mailing Address 106 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement registration legislative conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6292</p> <p>Date of Disbursement 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1150.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO</p> <p>Mailing Address 106 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement 6 registrations legislative conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6304</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO C.O.P.E.</p> <p>Mailing Address 106 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement 1st qtr 09 per capita</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6227</p> <p>Date of Disbursement 01 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>

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

2100.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO C.O.P.E.  Mailing Address 106 WEST STATE STREET  City TRENTON State NJ Zip Code 08608  Purpose of Disbursement 2nd qtr 09 per capita Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6270 Date of Disbursement 04 / 14 / 2009  Amount of Each Disbursement this Period 350.00
B.	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND  Mailing Address P.O. BOX 73  City WINDSLOW State NJ Zip Code 08095  Purpose of Disbursement 84929 Hours for December 2008 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6225 Date of Disbursement 01 / 06 / 2009  Amount of Each Disbursement this Period 1698.58
C.	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND  Mailing Address P.O. BOX 73  City WINDSLOW State NJ Zip Code 08095  Purpose of Disbursement 47679 hours for January 2009 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6234 Date of Disbursement 02 / 10 / 2009  Amount of Each Disbursement this Period 953.58

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

3002.16

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 63609 hours for February 2009</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6252</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1272.18</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 145748 hours for April 2009</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6280</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2914.96</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 84942 hours for May 2009</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6305</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1698.84</p>

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

5885.98

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) OMNI SHOREHAM HOTEL</p> <p>Mailing Address 2500 CALVERT STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement National Building Trades Legislative Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6244</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 9872.28</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Edward Smith, III</p> <p>Mailing Address 128 Warren Road</p> <p>City Sparta State NJ Zip Code 07871</p> <p>Purpose of Disbursement Nat'l Bldg Trades Legislative Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6283</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steamfitters Local Union 475</p> <p>Mailing Address PO BOX 4187</p> <p>City WARREN State NJ Zip Code 07059</p> <p>Purpose of Disbursement Reimburse payroll for Nat'l Bldg Trades Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6281</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2329.94</p>

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

12802.22

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Steamfitters Local Union 475	Transaction ID: SB21B.6314 Date of Disbursement 06 / 09 / 2009
	Mailing Address PO BOX 4187	
	City WARREN State NJ Zip Code 07059	Amount of Each Disbursement this Period 2204.94
	Purpose of Disbursement Reimburse Payroll for AFL-CIO Conference Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shaun Sullivan	Transaction ID: SB21B.6286 Date of Disbursement 05 / 05 / 2009
	Mailing Address P.O. Box 4187	
	City Warren State NJ Zip Code 07059	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Natl Bldg Trades Legislative Conference Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shaun Sullivan	Transaction ID: SB21B.6311 Date of Disbursement 06 / 09 / 2009
	Mailing Address P.O. Box 4187	
	City Warren State NJ Zip Code 07059	Amount of Each Disbursement this Period 450.00
	Purpose of Disbursement AFL-CIO Conference Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3254.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) U.A. Political Education Fund	Transaction ID: SB21B.6226 Date of Disbursement
	Mailing Address P.O. Box 37800	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement 84929 Hours for December 2008	<input type="text" value="849.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.A. Political Education Fund	Transaction ID: SB21B.6236 Date of Disbursement
	Mailing Address P.O. Box 37800	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement 47679 hours fro January 2009	<input type="text" value="476.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.A. Political Education Fund	Transaction ID: SB21B.6253 Date of Disbursement
	Mailing Address P.O. Box 37800	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement 63609 hours for February 2009	<input type="text" value="636.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1962.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) U.A. Political Education Fund</p> <p>Mailing Address P.O. Box 37800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 95636 hours fro March 2009</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6268</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 956.36</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.A. Political Education Fund</p> <p>Mailing Address P.O. Box 37800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 145748 hours for April 2009</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6282</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1457.48</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.A. Political Education Fund</p> <p>Mailing Address P.O. Box 37800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 84942 hours for May 2009</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6306</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 849.42</p>

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

3263.26

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW WELCH		Transaction ID: SB21B.6309	
	Mailing Address 90 Kenilworth Ave		Date of Disbursement 06 / 09 / 2009	
	City Cranford	State NJ	Zip Code 07016	Amount of Each Disbursement this Period 450.00
	Purpose of Disbursement AFL-CIO Conference		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

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

450.00

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

78710.74



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Corzine '09 Inc</p> <p>Mailing Address P.O. Box 3176</p> <p>City Long Branch State NJ Zip Code 07740-3176</p> <p>Purpose of Disbursement Co-Chair</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6228</p> <p>Date of Disbursement 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Corzine '09 Inc</p> <p>Mailing Address P.O. Box 3176</p> <p>City Long Branch State NJ Zip Code 07740-3176</p> <p>Purpose of Disbursement General Election</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6303</p> <p>Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6260</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

7700.00

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Pallone For Congress		Transaction ID: SB23.6293	
	Mailing Address PO BOX 3176		Date of Disbursement MM / DD / YYYY 05 / 18 / 2009	
	City LONG BRANCH	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

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

2000.00

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

9700.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 35

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Booker Team For Newark</p> <p>Mailing Address PO BOX 200334</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.6254 <b>Date of Disbursement</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Campaign Fund Peter Biondi</p> <p>Mailing Address P.O. Box 8635</p> <p>City Somerville State NJ Zip Code 08876</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.6255 <b>Date of Disbursement</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Shiela Oliver</p> <p>Mailing Address 155 Polifly Road Suite 103, 1st Floor</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 34</p>	<p><b>Transaction ID:</b> SB29.6294 <b>Date of Disbursement</b> 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>

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

1050.00

**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)

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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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Mila M. Jasey <hr/> Mailing Address P.O. Box 1006 <hr/> City South Orange State NJ Zip Code 07079 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.6315 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Vincent Prieto <hr/> Mailing Address 155 Polifly Road Suite 103, 1st Floor <hr/> City Hackensack State NJ Zip Code 07601 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.6239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 350.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Vincent Prieto <hr/> Mailing Address 155 Polifly Road Suite 103, 1st Floor <hr/> City Hackensack State NJ Zip Code 07601 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.6267 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1100.00
<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)

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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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Committee To Elect Fran Shields	Transaction ID: SB29.6237 Date of Disbursement
	Mailing Address 325 Chestnut Street Suite 515	<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19106-2614	Amount of Each Disbursement this Period
	Purpose of Disbursement	<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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Don Payne for Congress	Transaction ID: SB29.6240 Date of Disbursement
	Mailing Address P.O. Box 2406	<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Newark State NJ Zip Code 07114	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Election Fund of Assemblyman Joseph Cryan	Transaction ID: SB29.6257 Date of Disbursement
	Mailing Address P.O. Box 2245	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Union State NJ Zip Code 07083	Amount of Each Disbursement this Period
	Purpose of Disbursement	<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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Election Fund of John Wisniewski	Transaction ID: SB29.6316 Date of Disbursement																			
	Mailing Address 3145 Bordertown Ave, Suite C1	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Parlin State NJ Zip Code 08859	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Election Fund of Joseph R. Malone III	Transaction ID: SB29.6273 Date of Disbursement																			
	Mailing Address 15 East Union Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
	City Bordertown State NJ Zip Code 08505	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>700.00</td></tr></table>	700.00																		
700.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Election Fund of Joseph V. Egan	Transaction ID: SB29.6295 Date of Disbursement																			
	Mailing Address 977 Hoover Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	9												
	City North Brunswick State NJ Zip Code 08902	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3700.00</td></tr></table>	3700.00
3700.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ELECTION FUND OF SCUTARI</p> <p>Mailing Address 20 Kennedy Drive</p> <p>City Clark State NJ Zip Code 07066</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: District:</p>	<p><b>Transaction ID:</b> SB29.6258 <b>Date of Disbursement:</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Election Fund of Senator Paul A Sarlo</p> <p>Mailing Address 9 Lincoln Ave</p> <p>City Rutherford State NJ Zip Code 07070</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: NJ District:</p>	<p><b>Transaction ID:</b> SB29.6296 <b>Date of Disbursement:</b> 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="250.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Election Fund of Thomas P. Giblin Inc.</p> <p>Mailing Address P.O. Box 43062</p> <p>City Upper Montclair State NJ Zip Code 07043</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: NJ District: 34</p>	<p><b>Transaction ID:</b> SB29.6290 <b>Date of Disbursement:</b> 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="400.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ESSEX COUNTY DEMOCRATIC COMMITTEE</p> <p>Mailing Address 50 PARK PLACE SUITE 1430</p> <p>City NEWARK State NJ Zip Code 07102</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.6250 <b>Date of Disbursement:</b> 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ESSEX COUNTY DEMOCRATIC COMMITTEE</p> <p>Mailing Address 50 PARK PLACE SUITE 1430</p> <p>City NEWARK State NJ Zip Code 07102</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.6274 <b>Date of Disbursement:</b> 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Bill Baroni</p> <p>Mailing Address 100 Begonia Court</p> <p>City Jackson State NJ Zip Code 08527</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.6297 <b>Date of Disbursement:</b> 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>

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

950.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JERRY GREEN FOR ASSEMBLY</b>	<b>Transaction ID:</b> SB29.6259 Date of Disbursement 03 / 16 / 2009	
	Mailing Address 1460 Prospect Avenue		
	City Plainfield State NJ Zip Code 07060	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Joseph Divincenzo For City Exec.</b>	<b>Transaction ID:</b> SB29.6291 Date of Disbursement 05 / 18 / 2009	
	Mailing Address PO Box 266		
	City Nutley State NJ Zip Code 07110	Amount of Each Disbursement this Period	600.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>RC GOP</b>	<b>Transaction ID:</b> SB29.6271 Date of Disbursement 04 / 20 / 2009	
	Mailing Address 3 Hansen Avenue		
	City New City State NY Zip Code 10956-5506	Amount of Each Disbursement this Period	1080.00
	Purpose of Disbursement Platinum ad and 4 tickets		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2180.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) SOMERSET COUNTY DEMOCRATIC COMMITTEE</p> <p>Mailing Address 58 N. BRIDGE STREET</p> <p>City SOMERVILLE State NJ Zip Code 08876</p> <p>Purpose of Disbursement 3 tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6318 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Union County Democratic Committee</p> <p>Mailing Address 65 King Street</p> <p>City Hillside State NJ Zip Code 07205</p> <p>Purpose of Disbursement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6242 <b>Date of Disbursement</b> 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Upendra Chivukula for Assembly</p> <p>Mailing Address P.O. Box 6463</p> <p>City Somerset State NJ Zip Code 08873-6463</p> <p>Purpose of Disbursement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6275 <b>Date of Disbursement</b> 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

2300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Wayne DeAngelo for Assembly

Transaction ID: SB29.6299

Date of Disbursement

Mailing Address 1502 S. Olden Avenue

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

City State Zip Code  
Hamilton NJ 08610

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement

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Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
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TOTAL This Period (last page this line number only) ..... ►

15980.00
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