

# 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  
IUOE OPERATING ENGINEERS

ADDRESS (number and street) 1375 VIRGINIA DR.  
 Check if different than previously reported. (ACC)  
FT. WASHINGTON PA 19034

2. **FEC IDENTIFICATION NUMBER** C00136739  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

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 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer JAMES JAMES JONES

Signature of Treasurer Electronically Filed by JAMES JAMES JONES Date 04 08 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
IUOE OPERATING ENGINEERS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		108.12
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	108.12									
(c) Total Receipts (from Line 19) .....	47698.80	47698.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47806.92	47806.92								
7. Total Disbursements (from Line 31) .....	48050.00	48050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	-243.08	-243.08								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
IUOE OPERATING ENGINEERS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	47698.80	47698.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	47698.80	47698.80
(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) .....	47698.80	47698.80
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47698.80	47698.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47698.80	47698.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11800.00	11800.00
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.....	36250.00	36250.00
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))..	48050.00	48050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48050.00	48050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	47698.80	47698.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47698.80	47698.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ ALLYSON SCHWARTZ FOR CONGRESS Mailing Address P.O. Box 45706 City Philadelphia State PA Zip Code 19149 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name	Transaction ID: SB23.5782 Date of Disbursement 01 / 16 / 2008
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ ALLYSON SCHWARTZ FOR CONGRESS Mailing Address P.O. Box 45706 City Philadelphia State PA Zip Code 19149 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name	Transaction ID: SB23.5785 Date of Disbursement 02 / 18 / 2008
	Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) SAM BENNETT 2008 Mailing Address P.O. BOX 9195 City ALLENTOWN State PA Zip Code 18105 Purpose of Disbursement CAMPAIGN CONTRI Candidate Name	Transaction ID: SB23.5780 Date of Disbursement 01 / 04 / 2008
	Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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)

<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)  
IUOE OPERATING ENGINEERS

A.

Full Name (Last, First, Middle Initial)  
SAM BENNETT 2008

Transaction ID: SB23.5783  
Date of Disbursement

Mailing Address P.O. BOX 9195

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

City ALLENTOWN State PA Zip Code 18105

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
CAMPAIGN CONTRI.

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

B.

Full Name (Last, First, Middle Initial)  
BRADY BRADY FOR CONGRESS

Transaction ID: SB23.5786  
Date of Disbursement

Mailing Address 2637 E. CLEARFIELD ST

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

City PHILA State PA Zip Code 19134

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
CAMPAIGN CONTRI.

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

C.

Full Name (Last, First, Middle Initial)  
FATTAH FATTAH FOR CONGRESS

Transaction ID: SB23.5836  
Date of Disbursement

Mailing Address P.O. BOX 30743

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City PHILA State PA Zip Code 19104

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
CAMPAIGN CONTRI.

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

4800.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 25

<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)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
FATTAH FATTAH FOR CONGRESS

Mailing Address P.O. BOX 30743

City PHILA State PA Zip Code 19104

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.5837

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
TIM FRIENDS OF TIM HOLDEN

Mailing Address 729 15TH ST., NW 3RD FLR

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.5784

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

500.00

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

3000.00

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

11800.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
BENJAMIN BENJAMIN IRVY FOR STATE REP

**Transaction ID:** SB29.5829

Date of Disbursement

Mailing Address 2023 CANTERBURY LN.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

City State Zip Code  
JAMISON PA 18929

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CAMPAIGN CONTRI.

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**B.** Full Name (Last, First, Middle Initial)  
BOB BOB BRADY FOR CONGRESS

**Transaction ID:** SB29.5819

Date of Disbursement

Mailing Address P.O. BOX 22471

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	8

City State Zip Code  
PHILA. PA 19110

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
CAMPAIGN CONTRI.

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**C.** Full Name (Last, First, Middle Initial)  
BUCKS BUCKS COUNTY DEMO. COMM

**Transaction ID:** SB29.5772

Date of Disbursement

Mailing Address 17 W. COURT ST.

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City State Zip Code  
DOYLESTOWN PA 18901

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CAMPAIGN CONTRI.

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**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)

PAGE 10 / 25

<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)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
ARLEN CITIZENS FOR ARLEN SPECTOR

Mailing Address 203 MARYLAND AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5831

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
BILL COMM. TO ELECT BILL KELLER

Mailing Address P.O. BOX 37531

City PHILA State PA Zip Code 19148

Purpose of Disbursement  
CAMPAIGN DINNER

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5764

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
JOHN COMM TO ELEC J. SABATINA JR

Mailing Address 8012 CASTOR AVE

City PHILA State PA Zip Code 19152

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5769

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
IUOE OPERATING ENGINEERS

<p><b>A.</b> Full Name (Last, First, Middle Initial) BILL COMM TO ELECT BILL KELLER</p> <p>Mailing Address 1935 S. GALLAWAY ST.</p> <p>City PHILA State PA Zip Code 19148</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5821</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DENNIS COMM TO ELECT D. WILLIAMS</p> <p>Mailing Address 3414 N. MADISON ST</p> <p>City WILMINGTON State DE Zip Code 19802</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5807</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) STEVE COMM TO ELECT RFEP S. BARRAR</p> <p>Mailing Address 12 BERNARD ST</p> <p>City ASTON State PA Zip Code 19014</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5804</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 200.00</p>

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

2400.00

**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)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
RICK COMM TO ELECT RICK TAYLOR

Mailing Address P.O. BOX 866

City AMBLER State PA Zip Code 19002

Purpose of Disbursement  
CAMPAIGN CONTRI

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5795

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
SHIRLEY COMM TO RE-ELECT S.M. KITCHEN

Mailing Address P.O. BOX 50606

City PHILA. State PA Zip Code 19132

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5812

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATE DEM. CAMPAIGN COMM OF PHILA

Mailing Address 1421 WALNUT ST

City PHILA State PA Zip Code 19102

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5825

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
IUOE OPERATING ENGINEERS

A.	Full Name (Last, First, Middle Initial) JOHN DOHERTY FOR SENATE	Transaction ID: SB29.5790 Date of Disbursement																			
	Mailing Address P.O. BOX 52702	<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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	8												
	City PHILA State PA Zip Code 19115	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CAMPAIGN CONTRI.	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) DONATUCCI 2003 COMM	Transaction ID: SB29.5759 Date of Disbursement																			
	Mailing Address 1616 SOUTH BROAD ST	<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>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	0	8												
	City PHILA State PA Zip Code 19145	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CAMPAIGN DINNER	<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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) DON DONATUCCI 2007 COMM	Transaction ID: SB29.5816 Date of Disbursement																			
	Mailing Address 1616 S. BROAD ST	<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>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	8												
	City PHILA State PA Zip Code 19145	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CAMPAIGN CONTRI.	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6500.00</td></tr></table>	6500.00
6500.00		
<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)

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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)  
IUOE OPERATING ENGINEERS

A.	Full Name (Last, First, Middle Initial) JAMES FIRM OF US TAX CONSULTANTS	Transaction ID: SB29.5751
	Mailing Address 2801 MAXWELL ST.	Date of Disbursement 01 / 14 / 2008
	City PHILA. State PA Zip Code 19136	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement ACCOUNTANT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES FIRM OF US TAX CONSULTANTS	Transaction ID: SB29.5756
	Mailing Address 2801 MAXWELL ST.	Date of Disbursement 01 / 17 / 2008
	City PHILA. State PA Zip Code 19136	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement ACCOUNTANT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JAMES FIRM OF US TAX CONSULTANTS	Transaction ID: SB29.5801
	Mailing Address 2801 MAXWELL ST.	Date of Disbursement 03 / 11 / 2008
	City PHILA. State PA Zip Code 19136	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement ACCOUNTANT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 450.00

**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)  
IUOE OPERATING ENGINEERS

<b>A.</b> Full Name (Last, First, Middle Initial) ANDY FRIENDS OF ANDY DINNIMAN <hr/> Mailing Address 471 SPRUCE DR <hr/> City EXTON State PA Zip Code 19341 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name	Transaction ID: SB29.5753 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) BOB FRIENDS OF BOB WALLS <hr/> Mailing Address 2645 MILFORD HARRINGTON HWY <hr/> City MILFORD State DE Zip Code 19963 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name	Transaction ID: SB29.5809 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) BRYON FRIENDS OF BRYON SHORT <hr/> Mailing Address P.O. BOX 755 <hr/> City CLAYMONT State DE Zip Code 19703 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name	Transaction ID: SB29.5799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
CHERELLE FRIENDS OF C. PARKER

Mailing Address P.O. BOX 27647

City PHILA State PA Zip Code 19118

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5802

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
CHRIS FRIENDS OF CHRIS KING

Mailing Address 346 STRATTON CT.

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5773

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DENNY FRIENDS OF DENNY O'BRIEN

Mailing Address P.O. BOX 16015

City PHILA State PA Zip Code 19114

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5789

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

300.00

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

1300.00

**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)  
IUOE OPERATING ENGINEERS

A.	Full Name (Last, First, Middle Initial) ED FRIENDS OF ED PAWAUSKI  Mailing Address 1101 HAMILTON ST.  City ALLENTOWN State PA Zip Code 18101  Purpose of Disbursement CAMPAIGN DINNER  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: SB29.5754 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 450.00
B.	Full Name (Last, First, Middle Initial) GENE FRIENDS OF GENE DIGIROLAMO  Mailing Address 5806 WHARTON CIR  City BENSALEM State PA Zip Code 19020  Purpose of Disbursement CAMPAIGN CONTRI.  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: SB29.5811 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) JACK FRIENDS OF JACK KELLY  Mailing Address P.O. BOX 59354  City PHILADELPHIA State PA Zip Code 19102  Purpose of Disbursement CAMPAIGN CONTRI.  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: SB29.5792 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8  Amount of Each Disbursement this Period 250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<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)

<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)  
IUOE OPERATING ENGINEERS

<p><b>A.</b> Full Name (Last, First, Middle Initial) JEWELL FRIENDS OF JEWELL WILLIAMS</p> <p>Mailing Address 2343 N. SMEDLEY ST</p> <p>City PHILA. State PA Zip Code 19132</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5806</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JAMES FRIENDS OF JIM MATHEWS</p> <p>Mailing Address 624 HAZELHURST</p> <p>City MERION STATION State PA Zip Code 19066</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5763</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JOE FRIENDS OF JOE MCGINN</p> <p>Mailing Address 50 S. PROVIDENCE RD.</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5777</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<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)  
IUOE OPERATING ENGINEERS

A.	Full Name (Last, First, Middle Initial) JOHN FRIENDS OF JOHN CONDISCO	Transaction ID: SB29.5793
	Mailing Address 740 SANDY ST.	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City NORRISTOWN State PA Zip Code 19401	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRI.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARK FRIENDS OF MARK LEVY	Transaction ID: SB29.5774
	Mailing Address P.O. BOX 176	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City NORRISTOWN State PA Zip Code 19404	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRI.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MONTGOMERY FRIENDS OF MONTGOMERY COUNTY	Transaction ID: SB29.5822
	Mailing Address 624 HAZELHURST RD.	Date of Disbursement MM / DD / YYYY 03 / 25 / 2008
	City MERION STATION State PA Zip Code 19066	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRI.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2000.00
<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)  
IUOE OPERATING ENGINEERS

A.	Full Name (Last, First, Middle Initial) STEPHEN FRIENDS OF STEPHEN BARRAN	Transaction ID: SB29.5778 Date of Disbursement
	Mailing Address 12 BERNARD ST	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City ASTON State PA Zip Code 19018	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRI	<input type="text" value="400.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIM FRIENDS OF TIM SEIP COMM	Transaction ID: SB29.5827 Date of Disbursement
	Mailing Address 7 MAPLE AVE	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City PINE GROVE State PA Zip Code 17963	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRI.	<input type="text" value="400.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TOM FRIENDS OF TOM MCGARRIGLE	Transaction ID: SB29.5757 Date of Disbursement
	Mailing Address 115 W. STATE ST SUITE 300	<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City MEDIA State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN DINNER	<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: 2008 <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="1300.00"/>
<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)  
IUOE OPERATING ENGINEERS

<b>A.</b>	Full Name (Last, First, Middle Initial) VINCE FRIENDS OF VINCE GILLEN Mailing Address 666 W. GERMANTOWN PIKE City PLYMOUTH MEETING State PA Zip Code 19462 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.5771 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) GUY FRIENDS TO ELECT G. LEWIS Mailing Address 1800 ORTHODOX ST City PHILA State PA Zip Code 19124 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.5797 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) MIKE FRIENDS TO ELECT MIKE MCGEEHAN Mailing Address 4401 COTTMAN AVE City PHILA. State PA Zip Code 19135 Purpose of Disbursement CAMPAIGN DINNER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.5760 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
MIKE FRIENDS TO ELECT MIKE MCGEEHAN

Mailing Address 4401 COTTMAN AVE

City PHILA. State PA Zip Code 19135

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
GALLOWAY GALLOWAY 08

Mailing Address 74 VIEWPOINT LN

City LEVITTOWN State PA Zip Code 19054

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
HOUSE HOUSE DEMO CAMPAIGN COMM

Mailing Address P.O. BOX 555 FEDERAL SQUARE STATIO

City HARRISBURG State PA Zip Code 17108

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
IUOE OPERATING ENGINEERS

A.	Full Name (Last, First, Middle Initial) KILLION KILLION VICTORY COMM	Transaction ID: SB29.5767
	Mailing Address 115 W. STATE ST - STE 301	Date of Disbursement MM / DD / YYYY 02 / 05 / 2008
	City MEDIA State PA Zip Code 19063	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRI.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LEHIGH LEHIGH COUNTY SENIOR CTR.	Transaction ID: SB29.5761
	Mailing Address 1633 ELM ST.	Date of Disbursement MM / DD / YYYY 01 / 29 / 2008
	City ALLENTOWN State PA Zip Code 18102	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRI.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) MIDDLETOWN MIDDLETOWN UITED	Transaction ID: SB29.5788
	Mailing Address 1565 W. MAPLE AVE	Date of Disbursement MM / DD / YYYY 03 / 04 / 2008
	City LANGHORNE State PA Zip Code 19017	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRI	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
IUOE OPERATING ENGINEERS

<p><b>A.</b> Full Name (Last, First, Middle Initial) MONTGOMERY MONTGOMERY COUNTY DEMO COMM</p> <p>Mailing Address 14W. MARSHALL ST.</p> <p>City NORRISTOWN State PA Zip Code 19401</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5824</p> <p>Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) REPUBLICAN REP. CITY COMM.</p> <p>Mailing Address 1700 BENJAMIN FRANKLIN PKWY THE WINDSOR LOWER LEVEL</p> <p>City PHILA State PA Zip Code 19103</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5814</p> <p>Date of Disbursement 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) REPUBLICAN REPUBLICAN CITY COMM.</p> <p>Mailing Address 1700 BENJAMIN FRANKLIN PKWY</p> <p>City PHILA State PA Zip Code 19103</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5750</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

1800.00

**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)  
IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
SWEENEY SWEENEY FOR SENATE - DIST 3

Mailing Address 300 N. MARION AVE

City WENONAH State NJ Zip Code 08090

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5768

Date of Disbursement

/

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TOMLINSON TOMLINSON FOR STATE SENATE

Mailing Address 2207 BRISTOL PIKE

City BENSALEM State PA Zip Code 19020

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5752

Date of Disbursement

/

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
UNITY UNITY 2001

Mailing Address 6515 HAVERFORD AVE

City PHILA. State PA Zip Code 19151

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5817

Date of Disbursement

/

Amount of Each Disbursement this Period

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

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