

# 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 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 THOMAS MANNING

Signature of Treasurer Electronically Filed by THOMAS MANNING Date 04 22 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  
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	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		39218.47
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	39218.47									
(c) Total Receipts (from Line 19) .....	47569.07	47569.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86787.54	86787.54								
7. Total Disbursements (from Line 31) .....	42495.40	42495.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44292.14	44292.14								
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  
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	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	47569.07	47569.07
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	47569.07	47569.07
(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) .....	47569.07	47569.07
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)) .....	47569.07	47569.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47569.07	47569.07

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28355.40	28355.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	28355.40	28355.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4700.00	4700.00
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.....	9440.00	9440.00
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))..	42495.40	42495.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42495.40	42495.40

**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) .....	47569.07	47569.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47569.07	47569.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28355.40	28355.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28355.40	28355.40

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
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 ▼ 1947.75

Date of Receipt: 01 / 02 / 2008  
**Transaction ID:** SA11AI.5959  
 Amount of Each Receipt this Period: 1947.75  
 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 ▼ 2503.89

Date of Receipt: 01 / 09 / 2008  
**Transaction ID:** SA11AI.5968  
 Amount of Each Receipt this Period: 556.14  
 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 ▼ 19452.84

Date of Receipt: 01 / 10 / 2008  
**Transaction ID:** SA11AI.5969  
 Amount of Each Receipt this Period: 16948.95  
 Pac fund dues

**SUBTOTAL** of Receipts This Page (optional) ..... ► 19452.84

**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 / 20

(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 ▼  
31678.63

Date of Receipt

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

Transaction ID: SA11AI.5970

Amount of Each Receipt this Period

12225.79

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 ▼  
35151.51

Date of Receipt

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

Transaction ID: SA11AI.5971

Amount of Each Receipt this Period

3472.88

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 ▼  
47413.07

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.5972

Amount of Each Receipt this Period

12261.56

Pac fund dues

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

27960.23

**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 / 20	
	(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"/> 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		Date of Receipt	
Mailing Address PO BOX 4187		M M / D D / Y Y Y Y 03 / 28 / 2008	
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5973
WARREN	NJ	07059	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		156.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		47569.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	156.00
<b>TOTAL</b> This Period (last page this line number only) .....	47569.07



# 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 / 20

<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) MARY BRIDGET ENTERPRISES INC <hr/> Mailing Address 18 Stirling Way <hr/> City Lumberton State NJ Zip Code 08048 <hr/> Purpose of Disbursement LABOR RALLY SHIRTS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2077.60
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mechanical Allied Crafts Pac Fund <hr/> Mailing Address P.O. Box 82 <hr/> City Hazlet State NJ Zip Code 07730 <hr/> Purpose of Disbursement 2008 PER CAPITA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5980 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 7200.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) NJ Chamber of Commerce <hr/> Mailing Address 216 West State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement WALK TO WASHINGTON Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5975 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1120.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10397.60
<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) NJ Seed	Transaction ID: SB21B.6021 Date of Disbursement 03 / 19 / 2008
	Mailing Address 479 W. State Street	Amount of Each Disbursement this Period 550.00
	City Trenton State NJ Zip Code 08618	
	Purpose of Disbursement NJ SEED 21ST ANNUAL CONGRESSIONAL REGIST	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO	Transaction ID: SB21B.6019 Date of Disbursement 03 / 19 / 2008
	Mailing Address 106 WEST STATE STREET	Amount of Each Disbursement this Period 1090.00
	City TRENTON State NJ Zip Code 08608	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND	Transaction ID: SB21B.5977 Date of Disbursement 01 / 08 / 2008
	Mailing Address 534 S. ROUTE 73 P.O. BOX 73	Amount of Each Disbursement this Period 2259.74
	City WINDSLOW State NJ Zip Code 08095	
	Purpose of Disbursement 112987 HOURS FOR DECEMBER 2007	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3899.74
<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address 534 S. ROUTE 73 P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 81501 HOURS FOR JANUARY 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6002</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1630.02</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address 534 S. ROUTE 73 P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 81740 HOURS FOR FEBRUARY 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6015</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1634.80</p>
<p><b>C.</b></p> <p>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 WALK TO WASHINGTON</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5974</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 503.80</p>

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

3768.62

**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) ST. GREGORY LUXURY HOTEL  Mailing Address 2033 M Street, NW  City Washington State DC Zip Code 20036  Purpose of Disbursement 2 ROOMS FOR ONE NIGHT EACH Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.6020 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 8  Amount of Each Disbursement this Period 675.56
<b>B.</b>	Full Name (Last, First, Middle Initial) U.A. Political Education Fund  Mailing Address 901 Massachusetts Ave, NW  City Washington State DC Zip Code 20001-4397  Purpose of Disbursement 112987 HOURS FOR DECEMBER 2007 Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5978 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8  Amount of Each Disbursement this Period 1129.87
<b>C.</b>	Full Name (Last, First, Middle Initial) U.A. Political Education Fund  Mailing Address 901 Massachusetts Ave, NW  City Washington State DC Zip Code 20001-4397  Purpose of Disbursement 81501 HOURS FOR JANUARY 2008 Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.6003 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8  Amount of Each Disbursement this Period 815.01

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2620.44
<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 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

Mailing Address 901 Massachusetts Ave, NW

City Washington State DC Zip Code 20001-4397

Purpose of Disbursement  
81740 HOURS FOR FEBRUARY 2008

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

817.40

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

817.40

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

28055.40

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) DONALD PAYNE FOR CONGRESS <hr/> Mailing Address 21 BLOCK AVENUE <hr/> City NEWARK State NJ Zip Code 07112 <hr/> Purpose of Disbursement DONALD PAYNE FOR CONGRESS <hr/> Candidate Name DONALD PAYNE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6004 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1400.00
	Category/ Type 012
<b>B.</b> Full Name (Last, First, Middle Initial) LINDA STENDER FOR CONGRESS <hr/> Mailing Address P.O. Box 730 <hr/> City Scotch Plains State NJ Zip Code 07076 <hr/> Purpose of Disbursement LINDA STENDER FOR CONGRESS <hr/> Candidate Name LINDA MRS. STENDER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6013 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/ Type 012
<b>C.</b> Full Name (Last, First, Middle Initial) LINDA STENDER FOR CONGRESS <hr/> Mailing Address P.O. Box 730 <hr/> City Scotch Plains State NJ Zip Code 07076 <hr/> Purpose of Disbursement 1 TICKET <hr/> Candidate Name LINDA MRS. STENDER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6026 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 300.00
	Category/ Type 012

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

3700.00

**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)  
SIRES FOR CONGRESS

Transaction ID: SB23.5983

Date of Disbursement

Mailing Address 6050 BOULEVARD EAST APT 6B

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City WEST NEW YORK State NJ Zip Code 07093

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
SIRES FOR CONGRESS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
---------

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

4700.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Re-Elect Vincent Prieto	Transaction ID: SB29.6009 Date of Disbursement
	Mailing Address 155 Polifly Road Suite 103, 1st Floor	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Hackensack State NJ Zip Code 07601	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SHEILA OLIVER	Transaction ID: SB29.6023 Date of Disbursement
	Mailing Address 155 Polifly Road Suite 103, 1st Floor	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Hackensack State NJ Zip Code 07601	Amount of Each Disbursement this Period
	Purpose of Disbursement 1 TICKET	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Election Fund of Assemblyman Joseph Cryan	Transaction ID: SB29.6024 Date of Disbursement
	Mailing Address P.O. Box 2245	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Union State NJ Zip Code 07083	Amount of Each Disbursement this Period
	Purpose of Disbursement 2 TICKETS	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ELECTION FUND OF BARBARA BUONO</p> <p>Mailing Address 75 Woodbridge Avenue</p> <p>City Metuchen State NJ Zip Code 08840</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6011</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Election Fund of John Wisniewski</p> <p>Mailing Address 3145 Bordertown Ave, Suite C1</p> <p>City Parlin State NJ Zip Code 08859</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6012</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Election Fund of Luis Quintana</p> <p>Mailing Address PO Box 867</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement 1 TICKET FOR ANNUAL BREAKFAST</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6025</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 40.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1540.00
<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)  
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 HONORING GREG CASEY</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6006</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) RE-ELECTION FUND OF ARMANDO FONTOURA FOR SHERIFF</p> <p>Mailing Address P.O. BOX 1917</p> <p>City BLOOMFIELD State NJ Zip Code 07003</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5981</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SALEM COUNTY DEMOCRATIC COMMITTEE</p> <p>Mailing Address P.O. BOX 451</p> <p>City WOODSTOWN State NJ Zip Code 08098</p> <p>Purpose of Disbursement 1 TICKET</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.6027</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

1900.00

**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) Senate Democratic Majority <hr/> Mailing Address 194-196 West State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6016 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) SWEENEY FOR SENATE <hr/> Mailing Address 300 North Marion Avenue <hr/> City Wenonah State NJ Zip Code 08090 <hr/> Purpose of Disbursement SWEENEY FOR SENATE <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6059 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

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

5000.00

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

9440.00