

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 PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2 IRON ORE ROAD AT RT 33 ENGLISHTOWN NJ 07726

2. FEC IDENTIFICATION NUMBER C00155440 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2008 through 10 15 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 MICHAEL MALONEY

Signature of Treasurer Electronically Filed by MICHAEL MALONEY Date 10 20 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 9: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| 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 | | 75493.68 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 86944.18 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 0.00 | 351468.14 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 86944.18 | 426961.82 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 45007.05 | 385024.69 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 41937.13 | 41937.13 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| 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 | 185909.88 |
| (i) Itemized (use Schedule A) | 0.00 | 162817.41 |
| (ii) Unitemized | 0.00 | 348727.29 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 348727.29 |
| 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 | 2740.85 |
| 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)) | 0.00 | 351468.14 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 0.00 | 351468.14 |

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..... | 2468.05 | 28250.79 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 2468.05 | 28250.79 |
| 22. Transfers to Affiliated/Other Party Committees..... | 3939.00 | 24235.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 7500.00 |
| 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 | 1038.90 |
| (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 | 1038.90 |
| 29. Other Disbursements..... | 38600.00 | 324000.00 |
| 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)).. | 45007.05 | 385024.69 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 45007.05 | 385024.69 |

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 | 0.00 | 348727.29 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1038.90 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 347688.39 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 2468.05 | 28250.79 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2468.05 | 28250.79 |

**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 6 / 17

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
David A. Gerson, CPA & Associates, P.C.

Transaction ID: SB21B.49995

Date of Disbursement

Mailing Address 16 Arcadian Avenue, Suite C4

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

City State Zip Code
Paramus NJ 07652

Amount of Each Disbursement this Period

| |
|---------|
| 1750.00 |
|---------|

Purpose of Disbursement
Accounting services

| |
|-----|
| 001 |
|-----|

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Frank Doolittle Company

Transaction ID: SB21B.49996

Date of Disbursement

Mailing Address 1808 Richards Road

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

City State Zip Code
Bellevue WA 98005

Amount of Each Disbursement this Period

| |
|--------|
| 718.05 |
|--------|

Purpose of Disbursement
Promotional material - T-shirts

| |
|-----|
| 004 |
|-----|

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 2468.05 |
|---------|

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

| |
|---------|
| 2468.05 |
|---------|

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 checked="" 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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
New Jersey State Pipe Trades PAC Fund

Mailing Address 534 South Route 73

City Winslow State NJ Zip Code 08095

Purpose of Disbursement
Transfer to non-federal affiliate

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.49997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE

Mailing Address 901 Massachusetts Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Transfer

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.49998

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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Committee to Elect Don Holland</p> <p>Mailing Address 60 Dey Grove Road</p> <p>City Manalapan State NJ Zip Code 07726</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.50002 Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>012 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Committee to Elect Elase Evans for NJ State Assembly</p> <p>Mailing Address PO Box 1186</p> <p>City Paterson State NJ Zip Code 07509</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.50010 Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>012 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Committee to Elect Larry Bulman</p> <p>Mailing Address 13 Spruce Street</p> <p>City South Glens Falls State NY Zip Code 12803</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.50037 Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| 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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Committee to Elect Patrick J. Diegnan to Assembly Mailing Address PO Box 736 City South Plainfield State NJ Zip Code 07080 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50031 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 1500.00 |
| | Category/Type 007 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Committee to Elect Sheila Oliver Mailing Address 155 Polifly Road, Sutie 103 City Hackensack State NJ Zip Code 07601 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50020 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/Type 007 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Albert Coutinho Mailing Address PO Box 5699 City Newark State NJ Zip Code 07105 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50012 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/Type 012 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Conaway for Assembly <hr/> Mailing Address 155 Polifly Road, Suite 103 <hr/> City Hackensack State NJ Zip Code 07601 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50006 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Devlin/Tonzola 2008 <hr/> Mailing Address PO Box 1685 <hr/> City Wall State NJ Zip Code 07719 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50039 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/Type 012 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Edison Democratic Organization <hr/> Mailing Address 87 Gate House Lane <hr/> City Edison State NJ Zip Code 08820 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50036 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| TOTAL 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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Election Fund of Assemblyman Dave Rible <hr/> Mailing Address 2507 Beech Street <hr/> City Point Pleasant State NJ Zip Code 08742 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50008 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/Type 012 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Election Fund of Joan Quigley <hr/> Mailing Address 155 Polifly Road, Suite 103 <hr/> City Hackensack State NJ Zip Code 07601 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50009 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Election Fund of John Wisniewski <hr/> Mailing Address 3145 Bordentown Avenue, Suite C1A <hr/> City Parlin State NJ Zip Code 08859 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50007 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2600.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

4100.00

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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Election Fund of Joseph R. Malone III <hr/> Mailing Address 15 East Union Street <hr/> City Bordentown State NJ Zip Code 08505 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Election Fund of Loretta Weinberg for Senate <hr/> Mailing Address PO Box 3392 <hr/> City Teaneck State NJ Zip Code 07666 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50025 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/Type 012 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Election Fund of Mila M Jasey <hr/> Mailing Address PO Box 1006 <hr/> City South Orange State NJ Zip Code 07079 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50014 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/Type 012 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Election Fund of Ronald S. Dancer <hr/> Mailing Address c/o Jamie Montgomery 650 Myrtle Avenue <hr/> City Thorofare State NJ Zip Code 08086 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50033 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1500.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Election Fund of Senator Codey <hr/> Mailing Address 212 Edgewood Road <hr/> City Linden State NJ Zip Code 07036 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.49999 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 3000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Fred Scalera Campaign Committee <hr/> Mailing Address c/o Kate Krug P.O. Box 120 <hr/> City Wood Ridge State NJ Zip Code 07075 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50022 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty) |

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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Friends of Assemblywoman Alison Littell McHose <hr/> Mailing Address P.O. Box 23 <hr/> City Franklin State NJ Zip Code 07416 <hr/> Purpose of Disbursement Tickets Candidate Name | Transaction ID: SB29.50029 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 007 |
| B. Full Name (Last, First, Middle Initial) Friends of Assemblywoman Connie Wagner <hr/> Mailing Address 155 Polifly Road, Suite 103 <hr/> City Hackensack State NJ Zip Code 07601 <hr/> Purpose of Disbursement Tickets Candidate Name | Transaction ID: SB29.50024 Date of Disbursement 10 / 02 / 2008 |
| | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 007 |
| C. Full Name (Last, First, Middle Initial) Friends of Charles Spicuzzo (for Council) <hr/> Mailing Address 276 Madison Avenue <hr/> City Spotswood State NJ Zip Code 08884 <hr/> Purpose of Disbursement Contribution Candidate Name | Transaction ID: SB29.50034 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 1500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 012 |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Gordon M Johnson for Assembly <hr/> Mailing Address 155 Polifly Road, Suite 103 <hr/> City Hackensack State NJ Zip Code 07601 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50017 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Kean for Senate <hr/> Mailing Address PO Box 425 <hr/> City Westfield State NJ Zip Code 07091 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50001 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Kevin Larkin for Sheriff <hr/> Mailing Address 2 Barbados Court <hr/> City Hamilton State NJ Zip Code 08691 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50004 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1500.00 |
| | Category/Type 007 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| 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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Louis D Greenwald for Assembly</p> <p>Mailing Address 2240-15 Route 70</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.50023 Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Nellie Pou for Assembly</p> <p>Mailing Address P.O. Box 2696</p> <p>City Paterson State NJ Zip Code 07509</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.50030 Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>007 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Nick Sacco for Senate</p> <p>Mailing Address 7202 Hudson Avenue</p> <p>City North Bergen State NJ Zip Code 07047</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.50021 Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
PLUMBERS & PIPEFITTERS LOCAL NO 9 POLITICAL ACTION COMMITTEE

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Ramos for Assembly Mailing Address 155 Polifly Road City Hackensack State NJ Zip Code 07601 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50019 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 500.00 Category/Type: 007 |
| B. Full Name (Last, First, Middle Initial) Upendra J Chivukula for Assembly Mailing Address 155 Polifly Road, Suite 103 City Hackensack State NJ Zip Code 07601 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.50027 Date of Disbursement 10 / 02 / 2008 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type: 007 |

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

38600.00