

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
SHEET METAL WORKERS INT'L PAL LCL 137

ADDRESS (number and street) 21-42 44TH DRIVE
 Check if different than previously reported. (ACC)
LONG ISLAND CITY NY 11101-4710

2. **FEC IDENTIFICATION NUMBER** C00373050
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 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PETER N SCAGLIONE

Signature of Treasurer Electronically Filed by PETER N SCAGLIONE Date 01 13 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
SHEET METAL WORKERS INT'L PAL LCL 137

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		4494.95
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	5621.63									
(c) Total Receipts (from Line 19)	62991.21	110567.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68612.84	115062.01								
7. Total Disbursements (from Line 31)	59756.10	106205.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8856.74	8856.74								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SHEET METAL WORKERS INT'L PAL LCL 137

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	42991.21	90567.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42991.21	90567.06
(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)	42991.21	90567.06
12. Transfers From Affiliated/Other Party Committees	20000.00	20000.00
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))	62991.21	110567.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62991.21	110567.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	100.10	201.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	100.10	201.60
22. Transfers to Affiliated/Other Party Committees.....	27000.00	59000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200.00	2150.00
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.....	32456.00	44853.67
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))..	59756.10	106205.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59756.10	106205.27

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42991.21	90567.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42991.21	90567.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	100.10	201.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100.10	201.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 14	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

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) SHEET METAL WORKERS INT'L PAL LCL 137

A.	Full Name (Last, First, Middle Initial) PAL FUND SHEET METAL WORKERS		Date of Receipt
	Mailing Address 1750 NEW YORK AVENUE, N.W.		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WASHINGTON	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="20000.00"/>	
			Transaction ID: SA12.5251
			Amount of Each Receipt this Period <input type="text" value="20000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="20000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 14

<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)
SHEET METAL WORKERS INT'L PAL LCL 137

A.

Full Name (Last, First, Middle Initial)
NEW JERSEY STATE AFL CIO

Mailing Address 106 WEST STATE STREET

City State Zip Code
TRENTON NJ 08608

Purpose of Disbursement
DUES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5255

Date of Disbursement

^M / ^M / ^D / ^D / ^Y / ^Y / ^Y / ^Y

Amount of Each Disbursement this Period

50.05

SUBTOTAL of Disbursements This Page (optional)

50.05

TOTAL This Period (last page this line number only)

50.05

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)
SHEET METAL WORKERS INT'L PAL LCL 137

<p>A. Full Name (Last, First, Middle Initial) PAL FUND SHEET METAL WORKERS</p> <p>Mailing Address 1750 NEW YORK AVENUE, N.W.</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement CONTRIBUTION TO INTERNATIONAL PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB22.5232</p> <p>Date of Disbursement 08 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 12000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PAL FUND SHEET METAL WORKERS</p> <p>Mailing Address 1750 NEW YORK AVENUE, N.W.</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement CONTRIBUTION TO INTERNATIONAL PAC FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB22.5263</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAL FUND SHEET METAL WORKERS</p> <p>Mailing Address 1750 NEW YORK AVENUE, N.W.</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement CONTRIBUTION TO INTERNATIONAL PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB22.5267</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 10000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

27000.00

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

27000.00

**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)
SHEET METAL WORKERS INT'L PAL LCL 137

A.	Full Name (Last, First, Middle Initial) FRIENDS OF EVANGELINE GOMEZ	Transaction ID: SB29.5227 Date of Disbursement 08 / 19 / 2009	
	Mailing Address P.O. BOX 609		
	City HAWTHORNE State NJ Zip Code 07507	Amount of Each Disbursement this Period	250.00
	Purpose of Disbursement VOLUNTARY CONTRIBUTION		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MORRIS COUNTY DEMOCRATIC CMTE	Transaction ID: SB29.5224 Date of Disbursement 07 / 21 / 2009	
	Mailing Address P.O. BOX 306		
	City MORRISTOWN State NJ Zip Code 07963	Amount of Each Disbursement this Period	300.00
	Purpose of Disbursement VOLUNTARY CONTRIBUTION		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE	Transaction ID: SB29.5259 Date of Disbursement 10 / 16 / 2009	
	Mailing Address 196 West State Street		
	City Trenton State NJ Zip Code 08608	Amount of Each Disbursement this Period	25000.00
	Purpose of Disbursement VOLUNTARY CONTRIBUTION - CORZINE		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	25550.00
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)
SHEET METAL WORKERS INT'L PAL LCL 137

A. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS INT'L PAL LCL 137

Mailing Address 21-42 44TH DRIVE

City LONG ISLAND CITY State NY Zip Code 11101-4710

Purpose of Disbursement
CONTRIBUTION TO STATE PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5208

Date of Disbursement

/

Amount of Each Disbursement this Period

50.00

B. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS INT'L PAL LCL 137

Mailing Address 21-42 44TH DRIVE

City LONG ISLAND CITY State NY Zip Code 11101-4710

Purpose of Disbursement
CONTRIBUTION TO STATE PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5210

Date of Disbursement

/

Amount of Each Disbursement this Period

278.00

C. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS INT'L PAL LCL 137

Mailing Address 21-42 44TH DRIVE

City LONG ISLAND CITY State NY Zip Code 11101-4710

Purpose of Disbursement
CONTRIBUTION TO STATE PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5211

Date of Disbursement

/

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

528.00

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)
SHEET METAL WORKERS INT'L PAL LCL 137

<p>A. Full Name (Last, First, Middle Initial) SHEET METAL WORKERS INT'L PAL LCL 137</p> <p>Mailing Address 21-42 44TH DRIVE</p> <p>City LONG ISLAND CITY State NY Zip Code 11101-4710</p> <p>Purpose of Disbursement CONTRIBUTION TO STATE PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5212</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) SHEET METAL WORKERS INT'L PAL LCL 137</p> <p>Mailing Address 21-42 44TH DRIVE</p> <p>City LONG ISLAND CITY State NY Zip Code 11101-4710</p> <p>Purpose of Disbursement CONTRIBUTION TO STATE PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5213</p> <p>Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) SHEET METAL WORKERS INT'L PAL LCL 137</p> <p>Mailing Address 21-42 44TH DRIVE</p> <p>City LONG ISLAND CITY State NY Zip Code 11101-4710</p> <p>Purpose of Disbursement CONTRIBUTION TO STATE PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5229</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

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)

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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)
SHEET METAL WORKERS INT'L PAL LCL 137

A.	Full Name (Last, First, Middle Initial) SHEET METAL WORKERS INT'L PAL LCL 137	Transaction ID: SB29.5230 Date of Disbursement 08 / 27 / 2009
	Mailing Address 21-42 44TH DRIVE	Amount of Each Disbursement this Period 2000.00
	City LONG ISLAND CITY State NY Zip Code 11101-4710	
	Purpose of Disbursement CONTRIBUTION TO STATE PAC 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) SHEET METAL WORKERS INT'L PAL LCL 137	Transaction ID: SB29.5239 Date of Disbursement 09 / 16 / 2009
	Mailing Address 21-42 44TH DRIVE	Amount of Each Disbursement this Period 250.00
	City LONG ISLAND CITY State NY Zip Code 11101-4710	
	Purpose of Disbursement CONTRIBUTION TO STATE PAC 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) SHEET METAL WORKERS INT'L PAL LCL 137	Transaction ID: SB29.5256 Date of Disbursement 10 / 01 / 2009
	Mailing Address 21-42 44TH DRIVE	Amount of Each Disbursement this Period 1878.00
	City LONG ISLAND CITY State NY Zip Code 11101-4710	
	Purpose of Disbursement CONTRIBUTION TO STATE PAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4128.00

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 13 / 14

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

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

NAME OF COMMITTEE (In Full)
SHEET METAL WORKERS INT'L PAL LCL 137

A.	Full Name (Last, First, Middle Initial) SHEET METAL WORKERS INT'L PAL LCL 137	Transaction ID: SB29.5257 Date of Disbursement 10 / 08 / 2009
	Mailing Address 21-42 44TH DRIVE	
	City LONG ISLAND CITY State NY Zip Code 11101-4710	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION TO STATE PAC 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) SHEET METAL WORKERS INT'L PAL LCL 137	Transaction ID: SB29.5261 Date of Disbursement 10 / 20 / 2009
	Mailing Address 21-42 44TH DRIVE	
	City LONG ISLAND CITY State NY Zip Code 11101-4710	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION TO STATE PAC 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) SHEET METAL WORKERS INT'L PAL LCL 137	Transaction ID: SB29.5262 Date of Disbursement 10 / 27 / 2009
	Mailing Address 21-42 44TH DRIVE	
	City LONG ISLAND CITY State NY Zip Code 11101-4710	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CONTRIBUTION TO STATE PAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	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)
SHEET METAL WORKERS INT'L PAL LCL 137

A.

Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS INT'L PAL LCL 137

Transaction ID: SB29.5265

Date of Disbursement

Mailing Address 21-42 44TH DRIVE

^M <input type="text" value="1"/>	^M <input type="text" value="1"/>	/	^D <input type="text" value="0"/>	^D <input type="text" value="9"/>	/	^Y <input type="text" value="2"/>	^Y <input type="text" value="0"/>	^Y <input type="text" value="0"/>	^Y <input type="text" value="9"/>
---------------------------------------------	---------------------------------------------	---	---------------------------------------------	---------------------------------------------	---	---------------------------------------------	---------------------------------------------	---------------------------------------------	---------------------------------------------

City State Zip Code
LONG ISLAND CITY NY 11101-4710

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION TO STATE PAC

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)