

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
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 32-32 48TH AVENUE
 Check if different than previously reported. (ACC)
LONG ISLAND CITY NY 11101

2. **FEC IDENTIFICATION NUMBER** C00386821
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 2010 through 03 31 2010

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

Type or Print Name of Treasurer JAMES P ELDER

Signature of Treasurer Electronically Filed by JAMES P ELDER Date 05 03 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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		709779.35
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	709779.35									
(c) Total Receipts (from Line 19)	53612.00	53612.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	763391.35	763391.35								
7. Total Disbursements (from Line 31)	36367.10	36367.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	727024.25	727024.25								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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	53612.00	53612.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53612.00	53612.00
(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)	53612.00	53612.00
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))	53612.00	53612.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53612.00	53612.00

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.....	12977.60	12977.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12977.60	12977.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	23389.50	23389.50
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))..	36367.10	36367.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36367.10	36367.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	53612.00	53612.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53612.00	53612.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12977.60	12977.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12977.60	12977.60

**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

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CAROLYN MCCARTHY FED PAC

Mailing Address 38 IVY ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 06

Transaction ID: SB21B.8065

Date of Disbursement

03 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City ROCKY POINT State NY Zip Code 11778

Purpose of Disbursement
MONTHLY RETAINER COMMITTEE ACTIVITIES COORDINATOR

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8066

Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

4957.20

C. Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City ROCKY POINT State NY Zip Code 11778

Purpose of Disbursement
TRAVEL EXPENSE AND OFFICE EXPENSE REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8067

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

1343.55

SUBTOTAL of Disbursements This Page (optional) ►

11300.75

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City State Zip Code
ROCKY POINT NY 11778

Purpose of Disbursement
REIMBURSEMENT FOR MILEAGE(1,710 X .55)

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8067.0

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

940.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT & T MOBILITY

Mailing Address PO BOX 537118

City State Zip Code
ATLANTA GA 30353

Purpose of Disbursement
TELEPHONE EXPENSE REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8067.1

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

83.02

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 100

City State Zip Code
ALBANY NY 12250

Purpose of Disbursement
TELEPHONE EXPENSE REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8067.2

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

85.03

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MTA BRIDGE AND TUNNEL

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement BRIDGE AND TUNNEL TOLLS

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8067.3

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

27.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

CENTRAL PARKING

Mailing Address 135 EAST 47TH ST

City NEW YORK State NY Zip Code

Purpose of Disbursement PARKING EXPENSE

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8067.4

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

401 EAST 86TH ST LLC

Mailing Address 401 EAST 86TH STREET

City NEW YORK State NY Zip Code

Purpose of Disbursement PARKING EXPENSE

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8067.5

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) HILTON HOTEL <hr/> Mailing Address 101-139 WET 53RD ST <hr/> City NEW YORK State NY Zip Code 10017 <hr/> Purpose of Disbursement PARKING EXPENSE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8067.6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 40.00
			[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) CENTRAL PARKING <hr/> Mailing Address 135 EAST 47TH ST <hr/> City NEW YORK State NY Zip Code 10019 <hr/> Purpose of Disbursement PARKING EXPENSE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8067.7 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 38.00
			[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) KINNEY PARKING SYSTEM <hr/> Mailing Address 23-25 WEST 55TH ST <hr/> City NEW YORK State NY Zip Code 10019 <hr/> Purpose of Disbursement PARKING EXPENSE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8067.8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 26.50
			[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 25

<input 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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) RAPID 165 CORP	Transaction ID: SB21B.8067.9 Date of Disbursement 01 / 11 / 2010
	Mailing Address 165 E 77TH ST	Amount of Each Disbursement this Period 40.00
	City NEW YORK State NY Zip Code	
	Purpose of Disbursement PARKING EXPENSE Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) JOHN GALLAGHER	Transaction ID: SB21B.8068 Date of Disbursement 02 / 08 / 2010
	Mailing Address 75 ROCKY POINT YAPHANK RD	Amount of Each Disbursement this Period 768.87
	City ROCKY POINT State NY Zip Code 11778	
	Purpose of Disbursement TRAVEL EXPENSE AND OFFICE EXPENSE REIMBURSEMENT Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN GALLAGHER	Transaction ID: SB21B.8068.0 Date of Disbursement 02 / 08 / 2010
	Mailing Address 75 ROCKY POINT YAPHANK RD	Amount of Each Disbursement this Period 462.73
	City ROCKY POINT State NY Zip Code 11778	
	Purpose of Disbursement MILEAGE REIMBURSEMENT(791 X 58.5) Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	768.87
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement TELEPHONE EXPENSE REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.1

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

85.23

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT & T MOBILITY

Mailing Address PO BOX 537118

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement TELEPHONE EXPENSE REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.2

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

67.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

RITE AID

Mailing Address POINT PLAZA

City ROCKY POINT State NY Zip Code 11778

Purpose of Disbursement SUPPLIES

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.3

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

8.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CENTRAL PARKING

Mailing Address 135 EAST 47TH ST

City NEW YORK State NY Zip Code

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.4

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

21.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

WICKER PARK

Mailing Address 200 EAST 83RD ST

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.5

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

48.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CHAMPION PARKING

Mailing Address 159 WEST 53RD ST

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.6

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROCK CENTER

Mailing Address 25-43 WEST 48TH ST

City NEW YORK State NY Zip Code 10020

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8068.7

Date of Disbursement

02 / 08 / 2010

Amount of Each Disbursement this Period

42.60

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City ROCKY POINT State NY Zip Code 11778

Purpose of Disbursement
TRAVEL EXPENSE AND OFFICE EXPENSE REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8069

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

907.98

C.

Full Name (Last, First, Middle Initial)

JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City ROCKY POINT State NY Zip Code 11778

Purpose of Disbursement
MILEAGE REIMBURSEMENT(1,010 X .585)

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8069.0

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

590.85

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

907.98

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 25

<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)
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.8069.1 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO BOX 100	Amount of Each Disbursement this Period 85.65
	City ALBANY State NY Zip Code 12250	
	Purpose of Disbursement TELEPHONE EXPENSE REIMBURSEMENT Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) AT & T MOBILITY	Transaction ID: SB21B.8069.2 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO BOX 537118	Amount of Each Disbursement this Period 64.80
	City ATLANTA State GA Zip Code 30353	
	Purpose of Disbursement TELEPHONE EXPENSE REIMBURSEMENT Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) MTA BRIDGE AND TUNNEL	Transaction ID: SB21B.8069.3 Date of Disbursement 03 / 04 / 2010
	Mailing Address 347 MADISON AVENUE	Amount of Each Disbursement this Period 38.50
	City NEW YORK State NY Zip Code 10004	
	Purpose of Disbursement BRIDGE AND TUNNEL TOLLS Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRINTCORP

Mailing Address 2050 OCEAN AVE

City State Zip Code
RONKONKOMA NY 11779

Purpose of Disbursement
PRINTING EXPENSE BUSINESS CARDS

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8069.4

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2010

Amount of Each Disbursement this Period

128.18

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

12977.60

**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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BENEDETTO FOR NEW YORK

Transaction ID: SB29.8074

Date of Disbursement

Mailing Address 7 MIDLAND GARDENS

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

City State Zip Code
BRONXVILLE NY 10708

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BUILDING AND CONSTRUCTION TRADES PAC

Transaction ID: SB29.8075

Date of Disbursement

Mailing Address 71 WEST 23RD ST

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

City State Zip Code
NEW YORK NE 10011

Amount of Each Disbursement this Period

1675.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CAMPAIGN FOR A DEMOCRATIC LEGISLATIVE

Transaction ID: SB29.8076

Date of Disbursement

Mailing Address PO BOX 163

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

City State Zip Code
HOLBROOK NY 11471

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2475.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC ORG OF QUEENS

Mailing Address 72-50 AUSTIN ST

City State Zip Code
FOREST HILLS NY 11375

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8118
Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

900.00

B.

Full Name (Last, First, Middle Initial)
DEMOCRATIC ORG OF THE COUNTY OF RICHMOND

Mailing Address 24 CAMBRIA STREET

City State Zip Code
STATEN ISLAND NY 10305

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8121
Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

255.00

C.

Full Name (Last, First, Middle Initial)
DINAPOLI 2010

Mailing Address 928 BROADWAY

City State Zip Code
NEW YORK NY 10010

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.8083
Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2155.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FOLEY FOR SENATE <hr/> Mailing Address PO BOX 214 <hr/> City FARMINGVILLE State NY Zip Code 11728 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8084 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF ANDREW RAIA <hr/> Mailing Address PO BOX 1483 <hr/> City EAST ISLIP State NY Zip Code 11731 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8085 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVID WEPRIN <hr/> Mailing Address PO BOX 66-0101 UTOPIA STATION <hr/> City FLUSHING State NY Zip Code 11366 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8086 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JACK EDDINGTON <hr/> Mailing Address PO BOX 1161 <hr/> City MEDFORD State NY Zip Code 11763 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8087 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">300.00</td> </tr> </table> <hr/> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	3	/	2	0	1	0	300.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3	/	0	3	/	2	0	1	0															
300.00																								
011																								
B.	Full Name (Last, First, Middle Initial) FRIENDS OF KATE BROWNING <hr/> Mailing Address PO BOX 293 <hr/> City SHIRLEY State NY Zip Code 11967 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8090 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">250.00</td> </tr> </table> <hr/> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	2	/	2	0	1	0	250.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3	/	2	2	/	2	0	1	0															
250.00																								
011																								
C.	Full Name (Last, First, Middle Initial) FRIENDS OF LAUREN THODEN <hr/> Mailing Address PO BOX 155 <hr/> City BLUEPOINT State NY Zip Code 11715 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8092 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <hr/> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	1	/	2	0	1	0	500.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	2	/	0	1	/	2	0	1	0															
500.00																								
011																								

SUBTOTAL of Disbursements This Page (optional) ▶

1050.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF STEVE LEVY <hr/> Mailing Address PO BOX 980 <hr/> City BAYPORT State NY Zip Code 11705 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8097 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) LESKO FOR SUPERVISOR <hr/> Mailing Address PO BOX 324 <hr/> City FARMINGVILLE State NY Zip Code 11738 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8099 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) LINDSAY FOR LEGISLATOR <hr/> Mailing Address PO BOX 885 <hr/> City HOLBROOK State NY Zip Code 11741 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8101 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 650.00

SUBTOTAL of Disbursements This Page (optional) ▶

6050.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MCGAHON FOR CONGRESS <hr/> Mailing Address 66 ARNOLD ST <hr/> City STATEN ISLAND State NY Zip Code 10301 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8103 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MCGAHON FOR CONGRESS <hr/> Mailing Address 66 ARNOLD ST <hr/> City STATEN ISLAND State NY Zip Code 10301 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 400.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NASSAU COUNTY REPUBLICAN COMMITTEE <hr/> Mailing Address 164 POST AVE <hr/> City WESTBURY State NY Zip Code 11590 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8107 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) RC GOP Mailing Address 3 HANSEN AVENUE City NEW CITY State NY Zip Code 10956 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8111 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2010
	Amount of Each Disbursement this Period 1750.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SAWICKI FOR COMPTROLLERS Mailing Address PO BOX 763 City CUTCHOGUE State NY Zip Code 11935 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8113 Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2010
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCHIMEL FOR ASSEMBLY Mailing Address 481 8TH AVE City NEW YORK State NY Zip Code 10001 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8114 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

PAGE 25 / 25

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 01

Transaction ID: SB29.8119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
TOWN OF OYSTER BAY REPUB COMM

Mailing Address 164 POST AVE

City WESTBURY State NY Zip Code 11590

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.8120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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