

**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 &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

ADDRESS (number and street)

743 N BEACH STREET

☐Check if different  
than previously  
reported. (ACC)

DAYTONA BEACH

FL

32114

3279

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147181

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

2009

through

06

30

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

BRETT MIRSKY

Signature of Treasurer

Electronically Filed by BRETT MIRSKY

Date

05

04

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

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

PLUMBERS &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period:

From:

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

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		7329.88
(b) Cash on Hand at Beginning of Reporting Period .....	7329.88	
(c) Total Receipts (from Line 19) .....	19689.61	19689.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27019.49	27019.49
7. Total Disbursements (from Line 31) .....	19235.02	19235.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7784.47	7784.47
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

PLUMBERS &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	0	3	0	6	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 .....	9689.61	9689.61
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9689.61	9689.61
(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) .....	9689.61	9689.61
12. Transfers From Affiliated/Other Party Committees .....	10000.00	10000.00
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)) .....	19689.61	19689.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19689.61	19689.61

## DETAILED SUMMARY PAGE

of Disbursements

4 / 18

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.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	1309.66	1309.66	
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	10000.00	10000.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	10000.00	10000.00	
29. Other Disbursements.....	7925.36	7925.36	
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))..	19235.02	19235.02	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19235.02	19235.02	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	9689.61	9689.61
34. Total Contribution Refunds (from Line 28(d)) .....	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-310.39	-310.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

PLUMBERS &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

**A.**

Full Name (Last, First, Middle Initial)

UNITED ASSOCIATION POLITICAL EDUCATION FUND

Mailing Address P O BOX 37800

City

WASHINGTON

State

DC

Zip Code

20013-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	9

Transaction ID: SA12.5133

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

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

10000.00

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

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 / 18

<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 &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	<b>Transaction ID:</b> SB22.5044 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20013-4307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PENNY FUND ASSESSMENT	<table border="1"> <tr> <td>198.82</td> </tr> </table>	198.82																			
198.82																					
Candidate Name	<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008																			
008																					
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>B.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	<b>Transaction ID:</b> SB22.5046 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37800	<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>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20013-4307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PENNY FUND ASSESSMENTS	<table border="1"> <tr> <td>213.00</td> </tr> </table>	213.00																			
213.00																					
Candidate Name	<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008																			
008																					
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>C.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	<b>Transaction ID:</b> SB22.5070 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37800	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20013-4307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PENNY FUND ASSESSMENTS	<table border="1"> <tr> <td>201.61</td> </tr> </table>	201.61																			
201.61																					
Candidate Name	<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008																			
008																					
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) .....

613.43

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 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 UNION NO. 295 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	<b>Transaction ID:</b> SB22.5075 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37800	<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>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	9													
City WASHINGTON State DC Zip Code 20013-4307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PENNY FUND ASSESSMENTS	<table border="1"> <tr> <td>209.72</td> </tr> </table>	209.72																			
209.72																					
Candidate Name	<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008																			
008																					
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>B.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	<b>Transaction ID:</b> SB22.5083 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37800	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	9													
City WASHINGTON State DC Zip Code 20013-4307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PENNY FUND ASSESSMENTS	<table border="1"> <tr> <td>235.64</td> </tr> </table>	235.64																			
235.64																					
Candidate Name	<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008																			
008																					
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>C.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	<b>Transaction ID:</b> SB22.5088 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37800	<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>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	9													
City WASHINGTON State DC Zip Code 20013-4307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PENNY FUND ASSESSMENTS	<table border="1"> <tr> <td>250.87</td> </tr> </table>	250.87																			
250.87																					
Candidate Name	<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008																			
008																					
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) .....

**696.23**

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

**1309.66**



# **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 checked="" 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 UNION NO. 295 PAC

A.

Full Name (Last, First, Middle Initial)

FLORIDA DEMOCRATIC PARTY

Mailing Address 104 WEST JEFFERSON STREET

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

Purpose of Disbursement  
refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28B.5091

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2009

Amount of Each Disbursement this Period

10000.00

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

10000.00

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

10000.00

# **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 10 / 18

<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 UNION NO. 295 PAC

A.

Full Name (Last, First, Middle Initial)

Adam Fetterman Campaign Account

Mailing Address 481 SW Port St Lucie Blvd  
Suite B

City Port St. Lucie State FL Zip Code 34953

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5047

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 36002

City Ft Lauderdale State FL Zip Code 32336-0002

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5071

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

542.07

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 36002

City Ft Lauderdale State FL Zip Code 32336-0002

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5072

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

214.61

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

1256.68

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 11 / 18

<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 UNION NO. 295 PAC

**A.**

Full Name (Last, First, Middle Initial)

BATTEN MADEWELL CPA LLC

Mailing Address 1326 S RIDGEWOOD AVE  
SUITE 18

City DAYTONA BEACH State FL Zip Code 32114-6190

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5043

Date of Disbursement

01 / 06 / 2009

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

BATTEN MADEWELL CPA LLC

Mailing Address 1326 S RIDGEWOOD AVE  
SUITE 18

City DAYTONA BEACH State FL Zip Code 32114-6190

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5045

Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

BATTEN MADEWELL CPA LLC

Mailing Address 1326 S RIDGEWOOD AVE  
SUITE 18

City DAYTONA BEACH State FL Zip Code 32114-6190

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5065

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

125.00

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

312.50

**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 12 / 18

<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 UNION NO. 295 PAC

**A.**

Full Name (Last, First, Middle Initial)

BATTEN MADEWELL CPA LLC

Mailing Address 1326 S RIDGEWOOD AVE  
SUITE 18

City DAYTONA BEACH State FL Zip Code 32114-6190

Purpose of Disbursement  
AUDIT FEES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5073

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)

BATTEN MADEWELL CPA LLC

Mailing Address 1326 S RIDGEWOOD AVE  
SUITE 18

City DAYTONA BEACH State FL Zip Code 32114-6190

Purpose of Disbursement  
AUDIT FEES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5081

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

24.75

**C.**

Full Name (Last, First, Middle Initial)

BEHIND THE SCENES

Mailing Address 6159 SEQUOIA DR

City PORT ORANGE State FL Zip Code 32127

Purpose of Disbursement  
ACCOUNTING

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5066

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

60.00

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

86.75

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 / 18

<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 &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

**A.**

Full Name (Last, First, Middle Initial)

BEHIND THE SCENES

Mailing Address 6159 SEQUOIA DR

City  
PORT ORANGEState  
FLZip Code  
32127Purpose of Disbursement  
ACCOUNTING

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	9

Amount of Each Disbursement this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

BEHIND THE SCENES

Mailing Address 6159 SEQUOIA DR

City  
PORT ORANGEState  
FLZip Code  
32127Purpose of Disbursement  
ACCOUNTING

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5082

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	9

Amount of Each Disbursement this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

CITI CARDS

Mailing Address P O BOX 6407

City  
THE LAKESState  
NVZip Code  
88901-6407Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5078

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	9

Amount of Each Disbursement this Period

822.90

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

867.90

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 18

<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 &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

**A.**

Full Name (Last, First, Middle Initial)

COUCHMAN PRINTING COMPANY

Mailing Address 1634 S RIDGEWOOD AVE

City  
SOUTH DAYTONAState  
FLZip Code  
32119Purpose of Disbursement  
PRINTING

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

348.89

**B.**

Full Name (Last, First, Middle Initial)

Greg Evers

Mailing Address 1054 Melton Rd

City  
BakerState  
FLZip Code  
32531Purpose of Disbursement  
CONTRIBUTION

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5048

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David Fitzgerald

Mailing Address 3535 DeForest Branch Dr

City  
Port OrangeState  
FLZip Code  
32129Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

135.00

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

983.89

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 / 18

<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 &amp; PIPEFITTERS LOCAL UNION NO. 295 PAC

**A.**

Full Name (Last, First, Middle Initial)

David Fitzgerald

Mailing Address 3535 DeForest Branch Dr

City State Zip Code  
Port Orange FL 32129Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5069

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

242.00

**B.**

Full Name (Last, First, Middle Initial)

David Fitzgerald

Mailing Address 3535 DeForest Branch Dr

City State Zip Code  
Port Orange FL 32129Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5085

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	9

Amount of Each Disbursement this Period

352.00

**C.**

Full Name (Last, First, Middle Initial)

FLORIDA AFL CIO

Mailing Address 135 S MONROE

City State Zip Code  
TALLAHASSEE FL 32301Purpose of Disbursement  
REGISTRATION

Candidate Name

007  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5064

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

125.00

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

719.00

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 16 / 18

<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 UNION NO. 295 PAC

A.

Full Name (Last, First, Middle Initial)

Julio Robaino for Senate

Mailing Address 4308 SW 62 Ave

City  
South Miami

State  
FL

Zip Code  
33155

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: FL

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5052

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KEITH FITZGERALD FOR REPRESENTATIVE

Mailing Address P O BOX 2105

City  
SARASOTA

State  
FL

Zip Code  
34230

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: FL

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5055

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BRETT MIRSKY

Mailing Address 1225 EDNA DRIVE

City  
PORT ORANGE

State  
FL

Zip Code  
32129

Purpose of Disbursement  
TRAVEL EXPENSES

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5057

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

135.00

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

1135.00

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 17 / 18

<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 UNION NO. 295 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BRETT MIRSKY	<b>Transaction ID:</b> SB29.5067 <b>Date of Disbursement</b>																				
Mailing Address 1225 EDNA DRIVE	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City PORT ORANGE State FL Zip Code 32129	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE	<table border="1"> <tr> <td>1</td><td>5</td><td>4</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	5	4	.	0	0														
1	5	4	.	0	0																
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table>	002																			
002																					
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>B.</b> Full Name (Last, First, Middle Initial) BRETT MIRSKY	<b>Transaction ID:</b> SB29.5084 <b>Date of Disbursement</b>																				
Mailing Address 1225 EDNA DRIVE	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	9												
City PORT ORANGE State FL Zip Code 32129	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE	<table border="1"> <tr> <td>3</td><td>5</td><td>2</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	5	2	.	0	0														
3	5	2	.	0	0																
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table>	002																			
002																					
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>C.</b> Full Name (Last, First, Middle Initial) UA LOCAL UNION 295	<b>Transaction ID:</b> SB29.5063 <b>Date of Disbursement</b>																				
Mailing Address 743 N BEACH STREET	<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>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City DAYTONA BEACH State FL Zip Code 32114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<table border="1"> <tr> <td>4</td><td>5</td><td>2</td><td>.</td><td>8</td><td>0</td> </tr> </table>	4	5	2	.	8	0														
4	5	2	.	8	0																
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table>	002																			
002																					
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) .....

958.80

**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 18 / 18

<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 UNION NO. 295 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) UA LOCAL UNION 295	<b>Transaction ID:</b> SB29.5076 <b>Date of Disbursement</b>																				
Mailing Address 743 N BEACH STREET	<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>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City DAYTONA BEACH State FL Zip Code 32114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELEGATE EXPENSE REIMBURSEMENT	<table border="1"> <tr> <td>450.00</td> </tr> </table>	450.00																			
450.00																					
Candidate Name	<table border="1"> <tr> <td>007</td> </tr> </table> Category/ Type	007																			
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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>B.</b> Full Name (Last, First, Middle Initial) UA LOCAL UNION 295	<b>Transaction ID:</b> SB29.5080 <b>Date of Disbursement</b>																				
Mailing Address 743 N BEACH STREET	<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>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	9												
City DAYTONA BEACH State FL Zip Code 32114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<table border="1"> <tr> <td>702.84</td> </tr> </table>	702.84																			
702.84																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
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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>C.</b> Full Name (Last, First, Middle Initial) OLIVER B. WINN, Jr.	<b>Transaction ID:</b> SB29.5086 <b>Date of Disbursement</b>																				
Mailing Address 278 SOUTH OLD KINGS ROAD	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	9												
City ORMOND BEACH State FL Zip Code 32174	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE	<table border="1"> <tr> <td>352.00</td> </tr> </table>	352.00																			
352.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
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) .....

1504.84

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

7825.36