

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 265 WEST 14TH STREET NEW YORK NY 10011

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00163956 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2005 through 06 30 2005

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 BRIAN S. KELLY

Signature of Treasurer Electronically Filed by BRIAN S. KELLY Date 03 28 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		594285.90
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	594285.90									
(c) Total Receipts (from Line 19)	7161.05	7161.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	601446.95	601446.95								
7. Total Disbursements (from Line 31)	22953.00	22953.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	578493.95	578493.95								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1222.62	1222.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1222.62	1222.62
(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)	1222.62	1222.62
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.)	5938.43	5938.43
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))	7161.05	7161.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7161.05	7161.05

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	6953.00	6953.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6953.00	6953.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22953.00	22953.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22953.00	22953.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1222.62	1222.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1222.62	1222.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6953.00	6953.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6953.00	6953.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA		Date of Receipt MM / DD / YYYY 01 / 31 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4742
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 296.32	
Name of Employer	Occupation	INT/DIVIDENDS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.32	

Full Name (Last, First, Middle Initial) B. WACHOVIA		Date of Receipt MM / DD / YYYY 02 / 28 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4743
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 305.00	
Name of Employer	Occupation	INT/DIVIDENDS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 601.32	

Full Name (Last, First, Middle Initial) C. WACHOVIA		Date of Receipt MM / DD / YYYY 03 / 31 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4745
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 361.45	
Name of Employer	Occupation	INT/DIVIDENDS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 962.77	

SUBTOTAL of Receipts This Page (optional)	▶	962.77
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4799
City MORRISTOWN State NJ Zip Code 07960	Amount of Each Receipt this Period 2242.43	
FEC ID number of contributing federal political committee. C	INT/DIVIDENDS	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3205.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WACHOVIA		Date of Receipt M M / D D / Y Y Y Y Y 04 / 29 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4746
City MORRISTOWN State NJ Zip Code 07960	Amount of Each Receipt this Period 408.20	
FEC ID number of contributing federal political committee. C	INT/DIVIDENDS	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3613.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WACHOVIA		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4748
City MORRISTOWN State NJ Zip Code 07960	Amount of Each Receipt this Period 481.25	
FEC ID number of contributing federal political committee. C	INT/DIVIDENDS	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 4094.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	3131.88
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA		Date of Receipt MM / DD / YYYY 06 / 30 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4749
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 487.45	
Name of Employer	Occupation	INT/DIVIDENDS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4582.10	

Full Name (Last, First, Middle Initial) B. WACHOVIA		Date of Receipt MM / DD / YYYY 06 / 30 / 2005
Mailing Address 21 SOUTH STREET		Transaction ID: SA17.4800
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1345.08	
Name of Employer	Occupation	INT/DIVIDENDS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5927.18	

SUBTOTAL of Receipts This Page (optional)	1832.53
TOTAL This Period (last page this line number only)	5927.18

**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)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HSBC BANK USA		Transaction ID: SB21B.4753 Date of Disbursement
Mailing Address 80 EIGHTH AVENUE		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>
City NEW YORK	State NY	Zip Code 10011
Purpose of Disbursement 1120 POL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1953.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NEW YORK BUILDING CONGRESS, INC		Transaction ID: SB21B.4785 Date of Disbursement
Mailing Address 44 WEST 28TH STREET		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement DUES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 16

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

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ANTHONY WEINER FOR NEW YORK		Transaction ID: SB23.4771 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2005
Mailing Address P.O. BOX 1132		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10159	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT VITO FOSSELLA		Transaction ID: SB23.4791 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2005
Mailing Address 104 HUME AVENUE		Amount of Each Disbursement this Period 500.00
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. COMMITTEE TO RE ELECT ED TOWNS		Transaction ID: SB23.4784 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2005
Mailing Address 438 LEWIS AVE		Amount of Each Disbursement this Period 500.00
City BROOKLYN State NY Zip Code 11233	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CROWLEY FOR CONGRESS		Transaction ID: SB23.4804 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement VOLUNTARY CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CROWLEY FOR CONGRESS		Transaction ID: SB23.4806 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 5
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement VOLUNTARY CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CROWLEY FOR CONGRESS		Transaction ID: SB23.4807 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement VOLUNTARY CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ENGEL FOR CONGRESS		Transaction ID: SB23.4764 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 5
Mailing Address 38 IVY STREET, S.E.		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. ENGEL FOR CONGRESS		Transaction ID: SB23.4777 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 5
Mailing Address 38 IVY STREET, S.E.		Amount of Each Disbursement this Period 500.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. FOSSELLA FOR CONGRESS		Transaction ID: SB23.4765 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 5
Mailing Address 4434 AMBOY ROAD 2ND FLOOR		Amount of Each Disbursement this Period 1000.00
City STATEN ISLAND State NY Zip Code 10312	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 16

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

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN SWEENEY FOR CONGRESS		Transaction ID: SB23.4770 Date of Disbursement MM / DD / YYYY 03 / 24 / 2005
Mailing Address 355 LEXINGTON AVENUE STE 1001		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10017	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. MALONEY FOR CONGRESS		Transaction ID: SB23.4757 Date of Disbursement MM / DD / YYYY 02 / 09 / 2005
Mailing Address 24 EAST 93RD STREET STE 4B		Amount of Each Disbursement this Period 1500.00
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. MALONEY FOR CONGRESS		Transaction ID: SB23.4779 Date of Disbursement MM / DD / YYYY 06 / 23 / 2005
Mailing Address 24 EAST 93RD STREET SUITE 4B		Amount of Each Disbursement this Period 500.00
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement VOLUNTARY CONTRIBUTION Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MEEKS FOR CONGRESS		Transaction ID: SB23.4780 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 500.00
City Springfield Garden State NY Zip Code 11413	Purpose of Disbursement VOLUNTARY CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NADLER FOR CONGRESS INC		Transaction ID: SB23.4781 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address 18 EAST 16TH STREET SUITE 401		Amount of Each Disbursement this Period 500.00
City NEW YORK State NY Zip Code 10003	Purpose of Disbursement VOLUNTARY CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RANGEL FOR CONGRESS		Transaction ID: SB23.4782 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address PO BOX 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 500.00
City NEW YORK State NY Zip Code 10027	Purpose of Disbursement VOLUNTARY CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SERRANO FOR CONGRESS		Transaction ID: SB23.4797 Date of Disbursement
Mailing Address 275 MADISON AVENUE		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City NEW YORK	State NY	Zip Code 10016
Purpose of Disbursement VOLUNTARY CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		

Full Name (Last, First, Middle Initial) B. SERRANO FOR CONGRESS		Transaction ID: SB23.4798 Date of Disbursement
Mailing Address 275 MADISON AVENUE		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City NEW YORK	State NY	Zip Code 10016
Purpose of Disbursement VOLUNTARY CONTRIBUTION	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEW YORK ROADWAY IMPROVEMENT COALITION

Mailing Address 100 SOUTH SWAN STREET

City ALBANY State NY Zip Code 12210

Purpose of Disbursement
VOLUNTARY CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4809

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00