

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PLUMBERS & PIPEFITTERS LOCAL 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)

2 / 18

Write or Type Committee Name

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		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 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)

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Write or Type Committee Name

PLUMBERS & 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	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

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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.....	11309.66	11309.66	
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	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.....	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)

5 / 18

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))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9689.61	9689.61
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
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

PLUMBERS & 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 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

A.

Full Name (Last, First, Middle Initial)

FLORIDA DEMOCRATIC PARTY

Mailing Address 214 S BRONOUCH ST

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5168

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

10000.00

B.

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

Purpose of Disbursement
PENNY FUND ASSESSMENT

Candidate Name

008
Category/
Type

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

State: District:

Transaction ID: SB22.5044

Date of Disbursement

01 / 13 / 2009

Amount of Each Disbursement this Period

198.82

C.

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

Purpose of Disbursement
PENNY FUND ASSESSMENTS

Candidate Name

008
Category/
Type

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

State: District:

Transaction ID: SB22.5046

Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

213.00

SUBTOTAL of Disbursements This Page (optional)

10411.82

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

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

Purpose of Disbursement
PENNY FUND ASSESSMENTS

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.5070

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

201.61

B.

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

Purpose of Disbursement
PENNY FUND ASSESSMENTS

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.5075

Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

209.72

C.

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

Purpose of Disbursement
PENNY FUND ASSESSMENTS

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.5083

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

235.64

SUBTOTAL of Disbursements This Page (optional)

646.97

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

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

Purpose of Disbursement
PENNY FUND ASSESSMENTS

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB22.5088

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2009

Amount of Each Disbursement this Period

250.87

SUBTOTAL of Disbursements This Page (optional)

250.87

TOTAL This Period (last page this line number only)

11309.66

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)

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 PageFOR 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

Transaction ID: SB29.5073

Date of Disbursement

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

Mailing Address 1326 S RIDGEWOOD AVE
SUITE 18

Amount of Each Disbursement this Period

City DAYTONA BEACH State FL Zip Code 32114-6190

2.00									
------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
AUDIT FEES

001

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)

BATTEN MADEWELL CPA LLC

Transaction ID: SB29.5081

Date of Disbursement

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

Mailing Address 1326 S RIDGEWOOD AVE
SUITE 18

Amount of Each Disbursement this Period

City DAYTONA BEACH State FL Zip Code 32114-6190

24.75									
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Purpose of Disbursement
AUDIT FEES

001

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)

BEHIND THE SCENES

Transaction ID: SB29.5066

Date of Disbursement

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

Mailing Address 6159 SEQUOIA DR

Amount of Each Disbursement this Period

City PORT ORANGE State FL Zip Code 32127

60.00									
-------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
ACCOUNTING

001

Candidate Name

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

State: District:

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 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)

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A. Full Name (Last, First, Middle Initial) BEHIND THE SCENES	Transaction ID: SB29.5077 Date of Disbursement																				
Mailing Address 6159 SEQUOIA DR	<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 PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period																				
Purpose of Disbursement ACCOUNTING Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BEHIND THE SCENES	Transaction ID: SB29.5082 Date of Disbursement																				
Mailing Address 6159 SEQUOIA DR	<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 32127	Amount of Each Disbursement this Period																				
Purpose of Disbursement ACCOUNTING Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CITI CARDS	Transaction ID: SB29.5078 Date of Disbursement																				
Mailing Address P O BOX 6407	<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 THE LAKES State NV Zip Code 88901-6407	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<table border="1"> <tr> <td colspan="10">822.90</td> </tr> </table>	822.90																			
822.90																					
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)

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 Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.

Full Name (Last, First, Middle Initial)

COUCHMAN PRINTING COMPANY

Mailing Address 1634 S RIDGEWOOD AVE

City
SOUTH DAYTONA

State
FL

Zip Code
32119

Purpose of Disbursement
PRINTING

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5074

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

348.89

B.

Full Name (Last, First, Middle Initial)

Greg Evers

Mailing Address 1054 Melton Rd

City
Baker

State
FL

Zip Code
32531

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5048

Date of Disbursement

02 / 24 / 2009

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 Orange

State
FL

Zip Code
32129

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5059

Date of Disbursement

02 / 26 / 2009

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 Page

FOR 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 & PIPEFITTERS LOCAL UNION NO. 295 PAC

A. Full Name (Last, First, Middle Initial) David Fitzgerald	Transaction ID: SB29.5069 Date of Disbursement																				
Mailing Address 3535 DeForest Branch Dr	<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	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<table border="1"> <tr> <td colspan="10">242.00</td> </tr> </table>	242.00																			
242.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) David Fitzgerald	Transaction ID: SB29.5085 Date of Disbursement																				
Mailing Address 3535 DeForest Branch Dr	<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	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<table border="1"> <tr> <td colspan="10">352.00</td> </tr> </table>	352.00																			
352.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FLORIDA AFL CIO	Transaction ID: SB29.5064 Date of Disbursement																				
Mailing Address 135 S MONROE	<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 TALLAHASSEE State FL Zip Code 32301	Amount of Each Disbursement this Period																				
Purpose of Disbursement REGISTRATION Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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)

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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)

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)

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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)

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.

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 EXPENSE

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.5067

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

154.00

B.

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 EXPENSE

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.5084

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

352.00

C.

Full Name (Last, First, Middle Initial)

UA LOCAL UNION 295

Mailing Address 743 N BEACH STREET

City
DAYTONA BEACH

State
FL

Zip Code
32114

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.5063

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

452.80

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 PageFOR 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)

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.

Full Name (Last, First, Middle Initial)

UA LOCAL UNION 295

Mailing Address 743 N BEACH STREET

City DAYTONA BEACH State FL Zip Code 32114

Purpose of Disbursement
DELEGATE EXPENSE REIMBURSEMENT

Candidate Name

007

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

State: District:

Transaction ID: SB29.5076

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

450.00

B.

Full Name (Last, First, Middle Initial)

UA LOCAL UNION 295

Mailing Address 743 N BEACH STREET

City DAYTONA BEACH State FL Zip Code 32114

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

002

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

State: District:

Transaction ID: SB29.5080

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

Amount of Each Disbursement this Period

702.84

C.

Full Name (Last, First, Middle Initial)

OLIVER B. WINN, Jr.

Mailing Address 278 SOUTH OLD KINGS ROAD

City ORMOND BEACH State FL Zip Code 32174

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

002

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

State: District:

Transaction ID: SB29.5086

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

SUBTOTAL of Disbursements This Page (optional) ►

1504.84

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

7825.36