

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		59921.25
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	43879.20									
(c) Total Receipts (from Line 19)	71564.49	160463.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115443.69	220384.43								
7. Total Disbursements (from Line 31)	84871.59	189812.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30572.10	30572.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

MM 07 DD 01 YY WW 2009

To:

MM 12 DD 31 YY WW 2009

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)	71564.49	158667.80
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	71564.49	158667.80
(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)	71564.49	158667.80
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	1795.38
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))	71564.49	160463.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	71564.49	160463.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29046.59	108107.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29046.59	108107.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	11700.00
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.....	53825.00	70005.00
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))..	84871.59	189812.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84871.59	189812.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	71564.49	158667.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71564.49	158667.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29046.59	108107.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1795.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29046.59	106311.95

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

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187

City: **WARREN** State: **NJ** Zip Code: **07059**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: **89550.17**

Date of Receipt: **07 / 02 / 2009**
Transaction ID: SA11AI.6320
 Amount of Each Receipt this Period: **2446.86**
PAC FUND DUES

B. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187

City: **WARREN** State: **NJ** Zip Code: **07059**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: **90027.88**

Date of Receipt: **07 / 10 / 2009**
Transaction ID: SA11AI.6321
 Amount of Each Receipt this Period: **477.71**
PAC FUND DUES

C. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187

City: **WARREN** State: **NJ** Zip Code: **07059**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: **100660.78**

Date of Receipt: **07 / 24 / 2009**
Transaction ID: SA11AI.6322
 Amount of Each Receipt this Period: **10632.90**
PAC FUND DUES

SUBTOTAL of Receipts This Page (optional) ► **13557.47**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187
City WARREN State NJ Zip Code 07059
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 103596.64
Date of Receipt 08 / 12 / 2009
Transaction ID: SA11AI.6331
Amount of Each Receipt this Period 2935.86
PAC FUND DUES

B. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187
City WARREN State NJ Zip Code 07059
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 112083.18
Date of Receipt 08 / 12 / 2009
Transaction ID: SA11AI.6332
Amount of Each Receipt this Period 8486.54
PAC FUND DUES

C. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187
City WARREN State NJ Zip Code 07059
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 123618.35
Date of Receipt 09 / 16 / 2009
Transaction ID: SA11AI.6348
Amount of Each Receipt this Period 11535.17
PAC FUND DUES

SUBTOTAL of Receipts This Page (optional) ► 22957.57
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 124249.80

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.6382
 Amount of Each Receipt this Period: 631.45
 PAC FUND DUES

B. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 126487.99

Date of Receipt: 10 / 06 / 2009
Transaction ID: SA11AI.6381
 Amount of Each Receipt this Period: 2238.19
 PAC FUND DUES

C. Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475
Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 134480.91

Date of Receipt: 10 / 14 / 2009
Transaction ID: SA11AI.6383
 Amount of Each Receipt this Period: 7992.92
 PAC FUND DUES

SUBTOTAL of Receipts This Page (optional) ► 10862.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)

<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475

Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
137366.52

Date of Receipt

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

Transaction ID: SA11AI.6398

Amount of Each Receipt this Period
2885.61

PAC FUND DUES

B.

Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475

Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
158168.70

Date of Receipt

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

Transaction ID: SA11AI.6402

Amount of Each Receipt this Period
20802.18

PAC FUND DUES

C.

Full Name (Last, First, Middle Initial)
Steamfitters Local Union 475

Mailing Address PO BOX 4187

City WARREN State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
158667.80

Date of Receipt

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

Transaction ID: SA11AI.6403

Amount of Each Receipt this Period
499.10

PAC FUND DUES

SUBTOTAL of Receipts This Page (optional)	24186.89
TOTAL This Period (last page this line number only)	71564.49

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 / 29

<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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement AFL-CIO PAC CONFERENCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6324</p> <p>Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1507.93</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement AFL-CIO PAC CONF</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6349</p> <p>Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1134.30</p>
<p>C. Full Name (Last, First, Middle Initial) Borgota Hotel Casino</p> <p>Mailing Address One Borgota Way</p> <p>City Atlantic City State NJ Zip Code 08401</p> <p>Purpose of Disbursement 5 HOTEL RESERVATIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6344</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1532.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4174.23

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHAEL FRAASS	Transaction ID: SB21B.6374
	Mailing Address 54 WEST INMAN AVENUE	Date of Disbursement MM / DD / YYYY 09 / 29 / 2009
	City RAHWAY State NJ Zip Code 07065	Amount of Each Disbursement this Period 450.00
	Purpose of Disbursement AFL-CIO CONFERENCE	Category/ Type
	Candidate Name	
	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) JAMES HIGGINS	Transaction ID: SB21B.6373
	Mailing Address P.O. Box 491	Date of Disbursement MM / DD / YYYY 09 / 29 / 2009
	City Three Bridges State NJ Zip Code 08887	Amount of Each Disbursement this Period 450.00
	Purpose of Disbursement AFL-CIO CONFERENCE	Category/ Type
	Candidate Name	
	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) MICHAEL R. HOLSWORTH	Transaction ID: SB21B.6376
	Mailing Address 14 BIRCH TERRACE	Date of Disbursement MM / DD / YYYY 09 / 29 / 2009
	City PARLIN State NJ Zip Code 08859	Amount of Each Disbursement this Period 450.00
	Purpose of Disbursement AFL-CIO CONF	Category/ Type
	Candidate Name	
	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)	1350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MCANJ - PAC	Transaction ID: SB21B.6407 Date of Disbursement 12 / 23 / 2009
	Mailing Address P.O. Box 390	
	City Springfield State NJ Zip Code 07081	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement PLATINUM Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MCANJ POLITICAL ACTION COMMITTEE	Transaction ID: SB21B.6351 Date of Disbursement 09 / 08 / 2009
	Mailing Address P.O. BOX 390	
	City SPRINGFIELD State NJ Zip Code 07081	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement DINNER SPONSOR Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Midland Adult Services	Transaction ID: SB21B.6342 Date of Disbursement 08 / 11 / 2009
	Mailing Address P.O. Box 5026	
	City North Branch State NJ Zip Code 08876	Amount of Each Disbursement this Period 708.19
	Purpose of Disbursement ELECTION MEMBERSHIP MAILING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2708.19
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Midland Adult Services</p> <p>Mailing Address P.O. Box 5026</p> <p>City North Branch State NJ Zip Code 08876</p> <p>Purpose of Disbursement ELECTION MEMBERSHIP MAILING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6399</p> <p>Date of Disbursement MM / DD / YYYY 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 617.92</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Mulvaney</p> <p>Mailing Address 890 Roundtree Drive</p> <p>City Toms River State NJ Zip Code 08724</p> <p>Purpose of Disbursement AFL-CIO CONF</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6375</p> <p>Date of Disbursement MM / DD / YYYY 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p>C. Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO</p> <p>Mailing Address 106 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement 5 REGISTRATIONS - LEGISLATIVE CONF</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6336</p> <p>Date of Disbursement MM / DD / YYYY 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2317.92

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO C.O.P.E.	Transaction ID: SB21B.6325 Date of Disbursement 07 / 07 / 2009
	Mailing Address 106 WEST STATE STREET	Amount of Each Disbursement this Period 350.00
	City TRENTON State NJ Zip Code 08608	
	Purpose of Disbursement 3RD ATR 09 PER CAPITA	
	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:	

B.	Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO C.O.P.E.	Transaction ID: SB21B.6384 Date of Disbursement 10 / 13 / 2009
	Mailing Address 106 WEST STATE STREET	Amount of Each Disbursement this Period 350.00
	City TRENTON State NJ Zip Code 08608	
	Purpose of Disbursement 4TH QTR 09 PER CAPITA	
	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:	

C.	Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO C.O.P.E.	Transaction ID: SB21B.6404 Date of Disbursement 12 / 01 / 2009
	Mailing Address 106 WEST STATE STREET	Amount of Each Disbursement this Period 325.80
	City TRENTON State NJ Zip Code 08608	
	Purpose of Disbursement VOTE BY MAIL PROGRAM	
	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)	1025.80
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)

<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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND	Transaction ID: SB21B.6326 Date of Disbursement
	Mailing Address P.O. BOX 73	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City WINDSLOW State NJ Zip Code 08095	Amount of Each Disbursement this Period
	Purpose of Disbursement 70517 HOURS FOR JUNE 2009	<input type="text" value="1410.34"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND	Transaction ID: SB21B.6337 Date of Disbursement
	Mailing Address P.O. BOX 73	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City WINDSLOW State NJ Zip Code 08095	Amount of Each Disbursement this Period
	Purpose of Disbursement 55576 HOURS FOR JULY 2009	<input type="text" value="1111.52"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND	Transaction ID: SB21B.6352 Date of Disbursement
	Mailing Address P.O. BOX 73	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City WINDSLOW State NJ Zip Code 08095	Amount of Each Disbursement this Period
	Purpose of Disbursement 60376 HOURS FOR AUGUST 2009	<input type="text" value="1207.52"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3729.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 53284 HOURS FOR SEPT 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6385</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1065.68</p>
<p>B. Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 65095 HOURS FOR OCT 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6400</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1301.90</p>
<p>C. Full Name (Last, First, Middle Initial) NJ STATE ASSOCIATION OF PIPE TRADES PAC FUND</p> <p>Mailing Address P.O. BOX 73</p> <p>City WINDSLOW State NJ Zip Code 08095</p> <p>Purpose of Disbursement 58166 HOURS FOR NOV 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6405</p> <p>Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1163.32</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3530.90

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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<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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NJ STATE BUILDING & CONSTRUCTION TRADES COUNCIL

Transaction ID: SB21B.6389

Date of Disbursement

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

Mailing Address 77 BRANT AVENUE

Amount of Each Disbursement this Period

3000.00

City State Zip Code
CLARK NJ 07066

Purpose of Disbursement
100 TICKETS

Category/
Type

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)
STEAMFITTERS LOCAL 475

Transaction ID: SB21B.6372

Date of Disbursement

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

Mailing Address 136 Mount Bethel Rd
PO Box 4187

Amount of Each Disbursement this Period

2822.02

City State Zip Code
Warren NJ 07059

Purpose of Disbursement
REIMBURSE PAYROLL FROM PAC

Category/
Type

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)
STEAMFITTERS LOCAL 475 WELFARE FUND

Transaction ID: SB21B.6386

Date of Disbursement

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

Mailing Address 136 MOUNT BETHEL RD

Amount of Each Disbursement this Period

308.00

City State Zip Code
WARREN NJ 07059

Purpose of Disbursement
PAC MAILING

Category/
Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

6130.02

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Shaun Sullivan Mailing Address P.O. Box 4187 City Warren State NJ Zip Code 07059 Purpose of Disbursement AFL-CIO CONF Candidate Name 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) ▼	Transaction ID: SB21B.6378 Date of Disbursement 09 / 29 / 2009 Amount of Each Disbursement this Period 450.00
B.	Full Name (Last, First, Middle Initial) U.A. POLITICAL EDUCATION FUND Mailing Address THREE PARK PLACE City ANNAPOLIS State MD Zip Code 21401 Purpose of Disbursement 70517 HOURS FOR JUNE 2009 Candidate Name 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) ▼	Transaction ID: SB21B.6327 Date of Disbursement 07 / 07 / 2009 Amount of Each Disbursement this Period 705.17
C.	Full Name (Last, First, Middle Initial) U.A. POLITICAL EDUCATION FUND Mailing Address THREE PARK PLACE City ANNAPOLIS State MD Zip Code 21401 Purpose of Disbursement 55576 HOURS FOR JULY 2009 Candidate Name 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) ▼	Transaction ID: SB21B.6341 Date of Disbursement 08 / 03 / 2009 Amount of Each Disbursement this Period 555.76

SUBTOTAL of Disbursements This Page (optional) ▶

1710.93

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 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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) U.A. POLITICAL EDUCATION FUND <hr/> Mailing Address THREE PARK PLACE <hr/> City ANNAPOLIS State MD Zip Code 21401 Purpose of Disbursement 60376 HOURS FOR AUGUST 2009 Candidate Name	Transaction ID: SB21B.6357 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2009
	Amount of Each Disbursement this Period 603.76
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) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) U.A. POLITICAL EDUCATION FUND <hr/> Mailing Address THREE PARK PLACE <hr/> City ANNAPOLIS State MD Zip Code 21401 Purpose of Disbursement 53284 HOURS FOR SEPT 2009 Candidate Name	Transaction ID: SB21B.6388 Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2009
	Amount of Each Disbursement this Period 532.85
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) ▼	Category/ Type
C. Full Name (Last, First, Middle Initial) U.A. POLITICAL EDUCATION FUND <hr/> Mailing Address THREE PARK PLACE <hr/> City ANNAPOLIS State MD Zip Code 21401 Purpose of Disbursement 65095 HOURS FOR OCT 2009 Candidate Name	Transaction ID: SB21B.6401 Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2009
	Amount of Each Disbursement this Period 650.95
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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1787.56

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 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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
U.A. POLITICAL EDUCATION FUND

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
58166 HOURS FOR NOV 2009

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6406

Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

581.66

SUBTOTAL of Disbursements This Page (optional)

581.66

TOTAL This Period (last page this line number only)

29046.59

**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 21 / 29

<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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Pallone For Congress		Transaction ID: SB23.6353	
	Mailing Address PO BOX 3176		Date of Disbursement 09 / 08 / 2009	
	City LONG BRANCH	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2 TICKETS		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

**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 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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ROBERT L. FRAZIER	Transaction ID: SB29.6391 Date of Disbursement
	Mailing Address 617 PRINCETON ROAD	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="21"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City LINDEN State NJ Zip Code 07036	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEANGELO FOR ASSEMBLY	Transaction ID: SB29.6393 Date of Disbursement
	Mailing Address 105 LIMWOOD DRIVE	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="26"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City HAMILTON State NJ Zip Code 08690	Amount of Each Disbursement this Period
	Purpose of Disbursement SPONSERSHIP	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELECTION FUND OF ANNETTE QUIJANO FOR ASSEMBLY	Transaction ID: SB29.6369 Date of Disbursement
	Mailing Address 311 W. HENRY STREET	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="21"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City LINDEN State NJ Zip Code 07036	Amount of Each Disbursement this Period
	Purpose of Disbursement 2 TICKETS	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ELECTION FUND OF BARBARA BUONO	Transaction ID: SB29.6350 Date of Disbursement																			
	Mailing Address 75 Woodbridge Avenue	<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>9</td><td></td><td>0</td><td>8</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	9		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	0	9												
	City Metuchen State NJ Zip Code 08840	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2 TICKETS	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: NJ District:																				

B.	Full Name (Last, First, Middle Initial) ELECTION FUND OF CHRISTOPHER J DURKIN	Transaction ID: SB29.6358 Date of Disbursement																			
	Mailing Address 2 GYMOTY 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>9</td><td></td><td>1</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	9		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	9												
	City WEST CALDWELL State NJ Zip Code 07006	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 1 TICKET	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Election Fund of Donald M. Payne, Jr.	Transaction ID: SB29.6345 Date of Disbursement																			
	Mailing Address P.O. Box 4313	<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>8</td><td></td><td>1</td><td>8</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	8		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	9												
	City Newark State NJ Zip Code 07114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DONATION	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2550.00</td></tr></table>	2550.00
2550.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Election Fund of Raymond J. Lesniak <hr/> Mailing Address 770 North Drive <hr/> City Brick State NJ Zip Code 08724 <hr/> Purpose of Disbursement 2 TICKETS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6329 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) Election Fund of Raymond J. Lesniak <hr/> Mailing Address 770 North Drive <hr/> City Brick State NJ Zip Code 08724 <hr/> Purpose of Disbursement DONANTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6368 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) Election Fund of Thomas Giblin Inc <hr/> Mailing Address P.O. Box 867 <hr/> City West Caldwell State NJ Zip Code 07007-0867 <hr/> Purpose of Disbursement DONATION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6395 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ESSEX COUNTY DEMOCRATIC COMMITTEE

Mailing Address 50 PARK PLACE
SUITE 1430

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.6379

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

17000.00

B. Full Name (Last, First, Middle Initial)
FRED SCALERA CAMPAIGN COMMITTEE

Mailing Address 45 ESSEX STREET - SUITE 108
1ST FLOOR

City HACKENSACK State NJ Zip Code 07601

Purpose of Disbursement
HOLE SPONSOR

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.6333

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

100.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF FRED DUMONT FOR COUNCIL

Mailing Address 195 BRINER LANE

City HAMILTON State NJ Zip Code 08690

Purpose of Disbursement
1 TICKET

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.6360

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

17350.00

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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Hazlet Democratic Committee	Transaction ID: SB29.6346 Date of Disbursement 08 / 18 / 2009
	Mailing Address P.O. Box 82	Amount of Each Disbursement this Period 100.00
	City Hazlet State NJ Zip Code 07730	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HUNTERDON COUNTY DEMOCRATIC COMMITTEE	Transaction ID: SB29.6335 Date of Disbursement 08 / 03 / 2009
	Mailing Address 127 Main Street	Amount of Each Disbursement this Period 700.00
	City Flemington, NJ 088 State NJ Zip Code 08822	
	Purpose of Disbursement 2 TICKETS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JERRY GREEN FOR ASSEMBLY	Transaction ID: SB29.6347 Date of Disbursement 08 / 18 / 2009
	Mailing Address 1460 Prospect Avenue	Amount of Each Disbursement this Period 1000.00
	City Plainfield State NJ Zip Code 07060	
	Purpose of Disbursement 2 TICKETS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1800.00
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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOSEPH R MALONE III, FOR ASSEMBLY	Transaction ID: SB29.6365 Date of Disbursement 09 / 21 / 2009
	Mailing Address 15 E. UNION STREET	Amount of Each Disbursement this Period 375.00
	City BORDENTOWN State NJ Zip Code 08505	
	Purpose of Disbursement DONATION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LUKAC FOR TOWN COUNCIL 2009	Transaction ID: SB29.6396 Date of Disbursement 10 / 26 / 2009
	Mailing Address 825 BOUND BROOK AVENUE	Amount of Each Disbursement this Period 500.00
	City MANVILLE State NJ Zip Code 08835	
	Purpose of Disbursement DONATION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Morris County Democratic Committee	Transaction ID: SB29.6362 Date of Disbursement 09 / 11 / 2009
	Mailing Address P.O. Box 306	Amount of Each Disbursement this Period 500.00
	City Morristown State NJ Zip Code 07963-0306	
	Purpose of Disbursement 5 TICKETS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1375.00

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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) RAMPULLA & LEUNG FOR TOWNSHIP COMMITTEE	Transaction ID: SB29.6354 Date of Disbursement 09 / 08 / 2009
	Mailing Address 153 VORHEES CORNER ROAD	Amount of Each Disbursement this Period 300.00
	City FLEMINGTON State NJ Zip Code 08822	
	Purpose of Disbursement DONATION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RE-ELECTION FUND OF ARMANDO FONTOURA FOR SHERIFF	Transaction ID: SB29.6367 Date of Disbursement 09 / 21 / 2009
	Mailing Address P.O. BOX 1917	Amount of Each Disbursement this Period 200.00
	City BLOOMFIELD State NJ Zip Code 07003	
	Purpose of Disbursement 2 TICKETS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SOMERSET COUNTY DEMOCRATIC COMMITTEE	Transaction ID: SB29.6338 Date of Disbursement 08 / 03 / 2009
	Mailing Address 58 N. BRIDGE STREET	Amount of Each Disbursement this Period 2000.00
	City SOMERVILLE State NJ Zip Code 08876	
	Purpose of Disbursement 2 TICKETS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District:	

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)

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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)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) SOMERSET COUNTY DEMOCRATIC COMMITTEE <hr/> Mailing Address 58 N. BRIDGE STREET <hr/> City SOMERVILLE State NJ Zip Code 08876 <hr/> Purpose of Disbursement 2 TICKETS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6356 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2009
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Union County Democratic Committee <hr/> Mailing Address 65 King Street <hr/> City Hillside State NJ Zip Code 07205 <hr/> Purpose of Disbursement DONATION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6380 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2009
	Amount of Each Disbursement this Period 17000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) VICTORY 2009 <hr/> Mailing Address 327 TRINITY PLACE <hr/> City HILLSIDE State NJ Zip Code 07205 <hr/> Purpose of Disbursement DONATION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6363 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2009
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	17500.00
TOTAL This Period (last page this line number only) ▶	53825.00