

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
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

ADDRESS (number and street) 2556 SENECA AVENUE
 Check if different than previously reported. (ACC)
NIAGARA FALLS NY 14305

2. **FEC IDENTIFICATION NUMBER** C00155069
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 2007 through 06 30 2007

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 Enrico D. Liberale

Signature of Treasurer Electronically Filed by Enrico D. Liberale Date 07 23 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		160838.84
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	160838.84									
(c) Total Receipts (from Line 19)	19023.48	19023.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	179862.32	179862.32								
7. Total Disbursements (from Line 31)	24188.02	24188.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	155674.30	155674.30								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	378.72	378.72
(i) Itemized (use Schedule A)		
(ii) Unitemized	17644.76	17644.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18023.48	18023.48
(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)	18023.48	18023.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1000.00	1000.00
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))	19023.48	19023.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19023.48	19023.48

DETAILED SUMMARY PAGE

of Disbursements

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.....	2650.02	2650.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2650.02	2650.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	21538.00	21538.00
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))..	24188.02	24188.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24188.02	24188.02

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18023.48	18023.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18023.48	18023.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2650.02	2650.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2650.02	2650.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. JOHN CARAGLIN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 1356 ROSELLE AVENUE		Transaction ID: SA11A1.21300
City NIAGARA FALLS	State NY	Zip Code 14305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AMERICAN WRECKING	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.50	

Full Name (Last, First, Middle Initial) B. JOHN CARAGLIN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 1356 ROSELLE AVENUE		Transaction ID: SA11A1.21519
City NIAGARA FALLS	State NY	Zip Code 14305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer AMERICAN WRECKING	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.50	

Full Name (Last, First, Middle Initial) C. JOHN CARAGLIN		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 1356 ROSELLE AVENUE		Transaction ID: SA11A1.21665
City NIAGARA FALLS	State NY	Zip Code 14305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer AMERICAN WRECKING	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.50	

SUBTOTAL of Receipts This Page (optional)	▶	78.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input 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)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)
DANIEL DAL PORTO

Mailing Address 8040 CRESTVIEW DR

City State Zip Code
NIAGARA FALLS NY 14304

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

Name of Employer SEVENSON ENVIRONMENTAL SVC Occupation LABORER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.61

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2007

Transaction ID: SA11A1.21564

Amount of Each Receipt this Period
41.03

B. Full Name (Last, First, Middle Initial)
TODD MORGAN

Mailing Address 159 GREENWOOD CIRCLE

City State Zip Code
NORTH TONAWANDA NY 14120

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

Name of Employer AMERICAN WRECKING Occupation LABORER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.40

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 18 / 2007

Transaction ID: SA11A1.21301

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
TODD MORGAN

Mailing Address 159 GREENWOOD CIRCLE

City State Zip Code
NORTH TONAWANDA NY 14120

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

Name of Employer AMERICAN WRECKING Occupation LABORER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.90

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 22 / 2007

Transaction ID: SA11A1.21520

Amount of Each Receipt this Period
22.50

SUBTOTAL of Receipts This Page (optional)	▶	93.53
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)
TODD MORGAN

Mailing Address 159 GREENWOOD CIRCLE

City NORTH TONAWANDA State NY Zip Code 14120

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

Name of Employer AMERICAN WRECKING Occupation LABORER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.40

Date of Receipt
MM / DD / YYYY
06 / 18 / 2007

Transaction ID: SA11A1.21666

Amount of Each Receipt this Period
16.50

B. Full Name (Last, First, Middle Initial)
MARK PERRY

Mailing Address 5642 FRONTIER AVE.

City NIAGARA FALLS State NY Zip Code 14304

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

Name of Employer DULUTH ENVIRONMENTAL SERVICES Occupation LABORER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.75

Date of Receipt
MM / DD / YYYY
04 / 18 / 2007

Transaction ID: SA11A1.21302

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MARK PERRY

Mailing Address 5642 FRONTIER AVE.

City NIAGARA FALLS State NY Zip Code 14304

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

Name of Employer DULUTH ENVIRONMENTAL SERVICES Occupation LABORER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.75

Date of Receipt
MM / DD / YYYY
05 / 22 / 2007

Transaction ID: SA11A1.21521

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional)	▶	70.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. MARK PERRY		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 5642 FRONTIER AVE.		Transaction ID: SA11A1.21667	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer DULUTH ENVIRONMENTAL SERVICES	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.75		

Full Name (Last, First, Middle Initial) B. ETHAN STEIN		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 5885 MILLER ROAD		Transaction ID: SA11A1.21429	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 26.14
FEC ID number of contributing federal political committee. C			
Name of Employer CERRONE, MARK INC.	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.13		

Full Name (Last, First, Middle Initial) C. ETHAN STEIN		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007	
Mailing Address 5885 MILLER ROAD		Transaction ID: SA11A1.21592	
City NIAGARA FALLS	State NY	Zip Code 14304	Amount of Each Receipt this Period 21.60
FEC ID number of contributing federal political committee. C			
Name of Employer CERRONE, MARK INC.	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.73		

SUBTOTAL of Receipts This Page (optional)	71.74
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. C DAVID TUBINIS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 1035 ELLIOTT DR		Transaction ID: SA11A1.21303	
City LEWISTON	State NY	Amount of Each Receipt this Period 29.70	
Zip Code 14092			
FEC ID number of contributing federal political committee. C			
Name of Employer CASE BORING CORP	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.55		

Full Name (Last, First, Middle Initial) B. C DAVID TUBINIS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 1035 ELLIOTT DR		Transaction ID: SA11A1.21522	
City LEWISTON	State NY	Amount of Each Receipt this Period 23.25	
Zip Code 14092			
FEC ID number of contributing federal political committee. C			
Name of Employer CASE BORING CORP	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.80		

Full Name (Last, First, Middle Initial) C. C DAVID TUBINIS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 1035 ELLIOTT DR		Transaction ID: SA11A1.21670	
City LEWISTON	State NY	Amount of Each Receipt this Period 12.00	
Zip Code 14092			
FEC ID number of contributing federal political committee. C			
Name of Employer CASE BORING CORP	Occupation LABORER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.80		

SUBTOTAL of Receipts This Page (optional) ▶	64.95
TOTAL This Period (last page this line number only) ▶	378.72

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)
Committee to Elect Mark S. Zito

Mailing Address 694 Caravelle Drive

City State Zip Code
Niagara Falls NY 14304

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	7

Transaction ID: SA17.21784

Amount of Each Receipt this Period
1000.00

Return of political contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 16

<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)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. LIPSITZ, GREEN ATTORNEYS		Transaction ID: SB21B.20363 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 42 DELAWARE AVENUE		Amount of Each Disbursement this Period 1250.00
City BUFFALO State NY Zip Code 14202	001 Category/ Type	
Purpose of Disbursement Retainer for legal services 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) ▼	

Full Name (Last, First, Middle Initial) B. SIMPSON, KLING, ET. AL		Transaction ID: SB21B.20359 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 345 THIRD STREET SUITE 512		Amount of Each Disbursement this Period 750.00
City NIAGARA FALLS State NY Zip Code 14303	001 Category/ Type	
Purpose of Disbursement FEC and NYS filings preparation 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) ▼	

Full Name (Last, First, Middle Initial) C. SIMPSON, KLING, ET. AL		Transaction ID: SB21B.20361 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 345 THIRD STREET SUITE 512		Amount of Each Disbursement this Period 650.00
City NIAGARA FALLS State NY Zip Code 14303	001 Category/ Type	
Purpose of Disbursement FEC and NYS filings preparation 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) ▶	2650.00
TOTAL This Period (last page this line number only) ▶	2650.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 16

<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)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. Committee to Elect Lewis 'Babe' Rotella		Transaction ID: SB29.20406 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 9101 Rivershyore Drive		Amount of Each Disbursement this Period 500.00	
City State Zip Code Niagara Falls NY 14304	Purpose of Disbursement Political contribution Candidate Name Lewis Rotella 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:		
Category/Type 011			
State: District:			

Full Name (Last, First, Middle Initial) B. Committee to Elect Maria A. Massaro		Transaction ID: SB29.20371 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address MPO Box 694		Amount of Each Disbursement this Period 600.00	
City State Zip Code Niagara Falls NY 14302	Purpose of Disbursement Political contribution Candidate Name Committee to Elect Maria A. Massaro 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:		
Category/Type 011			
State: District:			

Full Name (Last, First, Middle Initial) C. Committee to Elect Mark S. Zito		Transaction ID: SB29.20366 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 694 Caravelle Drive		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Niagara Falls NY 14304	Purpose of Disbursement Political contribution Candidate Name Committee to Elect Mark S. Zito 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:		
Category/Type 011			
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2100.00
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)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. Committee to Elect Michael J. Violante		Transaction ID: SB29.20368 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 731 - 3rd St.		Amount of Each Disbursement this Period 900.00
City State Zip Code Niagara Falls NY 14301	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name Committee to Elect Michael J. Violante		
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) ▼	

Full Name (Last, First, Middle Initial) B. Committee to Elect Vincent 'Jimmy' Cancemi		Transaction ID: SB29.20409 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 551 - 6th Street		Amount of Each Disbursement this Period 500.00
City State Zip Code Niagara Falls NY 14301	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name Vincent Cancemi		
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) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Retain Justice Frank Caruso		Transaction ID: SB29.20411 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 812		Amount of Each Disbursement this Period 500.00
City State Zip Code Buffalo NY 14210	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name Frank Caruso		
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) ▶	1900.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. Friends of Jason Cafarella		Transaction ID: SB29.20405 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 2259 Forest Avenue		Amount of Each Disbursement this Period 1000.00
City State Zip Code Niagara Falls NY 14301	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name Friends of Jason Cafarella		
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) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Judge John Batt		Transaction ID: SB29.20410 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 352		Amount of Each Disbursement this Period 300.00
City State Zip Code North Tonawanda NY 14120	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name John Batt		
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) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Michael LoCurto		Transaction ID: SB29.20407 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 1183 Hertel Avenue		Amount of Each Disbursement this Period 250.00
City State Zip Code Buffalo NY 14216	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name Michael LoCurto		
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) ▶	1550.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. Friends of Nick Ligamammari for City Council		Transaction ID: SB29.20408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 2439 Cleveland Avenue		Amount of Each Disbursement this Period 500.00
City State Zip Code Niagara Falls NY 14305	011 Category/ Type	
Purpose of Disbursement Political contribution		
Candidate Name Nick Ligamammari		
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) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF VINCE ANELLO		Transaction ID: SB29.20370 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 2602 PINE AVENUE		Amount of Each Disbursement this Period 488.00
City State Zip Code NIAGARA FALLS NY 14301	011 Category/ Type	
Purpose of Disbursement Political fundraiser		
Candidate Name FRIENDS OF VINCE ANELLO		
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) ▼	

Full Name (Last, First, Middle Initial) C. Niagara County Republican Committee		Transaction ID: SB29.20413 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 15000.00
City State Zip Code North Tonawanda NY 14120	011 Category/ Type	
Purpose of Disbursement Political contribution		
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) ▶	15988.00
TOTAL This Period (last page this line number only) ▶	21538.00