

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

ADDRESS (number and street) 743 N BEACH STREET DAYTONA BEACH FL 32114-3279

2. FEC IDENTIFICATION NUMBER C00147181 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRETT MIRSKY

Signature of Treasurer Electronically Filed by BRETT MIRSKY Date 06 27 2008

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

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		14156.07
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	13825.88									
(c) Total Receipts (from Line 19)	6712.69	11268.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20538.57	25424.47								
7. Total Disbursements (from Line 31)	7326.98	12212.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13211.59	13211.59								
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
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5979.36	10535.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5979.36	10535.07
(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)	5979.36	10535.07
12. Transfers From Affiliated/Other Party Committees	400.00	400.00
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	333.33	333.33
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))	6712.69	11268.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6712.69	11268.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	541.92
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.....	7326.98	11670.96
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))..	7326.98	12212.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7326.98	12212.88

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	5979.36	10535.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5979.36	10535.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.	Full Name (Last, First, Middle Initial) JA LOCAL UNION 803 PAC		Date of Receipt
	Mailing Address 2447 ORLANDO CENTRAL PKWY		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ORLANDO	FL	32809
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA12.4899 Amount of Each Receipt this Period <input type="text" value="400.00"/> TRANSFER	
Aggregate Year-to-Date ▼		<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="400.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.	Full Name (Last, First, Middle Initial) Kathleen Fernandez-Rundle		Date of Receipt																					
	Mailing Address P. O. Box 013077		<table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	6		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA16.4869																				
	Miami	FL	33101	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	333.33																					
Name of Employer		Occupation	Pro Rata Refund																					
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	333.33																					

SUBTOTAL of Receipts This Page (optional)	▶	333.33
TOTAL This Period (last page this line number only)	▶	333.33

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)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.	Full Name (Last, First, Middle Initial) CARLOS ALVAREZ	Transaction ID: SB29.4906 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8	
	Mailing Address 6840 SW 40TH ST STE 211A		
	City MIAMI State FL Zip Code 33155	Amount of Each Disbursement this Period 500.00	
	Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
	Candidate Name 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) BEHIND THE SCENES	Transaction ID: SB29.4885 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8	
	Mailing Address 6159 SEQUOIA DR		
	City PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period 120.00	
	Purpose of Disbursement ACCOUNTING	001 Category/ Type	
	Candidate Name 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) BEHIND THE SCENES	Transaction ID: SB29.4891 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	Mailing Address 6159 SEQUOIA DR		
	City PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period 60.00	
	Purpose of Disbursement ACCOUNTING	001 Category/ Type	
	Candidate Name 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) ► **680.00**

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)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A. Full Name (Last, First, Middle Initial) BEHIND THE SCENES Mailing Address 6159 SEQUOIA DR City PORT ORANGE State FL Zip Code 32127 Purpose of Disbursement ACCOUNTING Candidate Name 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: SB29.4908 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2008
	Amount of Each Disbursement this Period 30.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FLORIDA AFL CIO Mailing Address 135 S MONROE City TALLAHASSEE State FL Zip Code 32301 Purpose of Disbursement CONVENTION 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: SB29.4893 Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2008
	Amount of Each Disbursement this Period 185.00
	Category/ Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FLORIDA BUILDING AND CONSTRUCTION TRADES COUNCIL Mailing Address 104 W JEFFERSON STREET City TALLAHASSEE State FL Zip Code 32301 Purpose of Disbursement DELEGATE FEE 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: SB29.4909 Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2008
	Amount of Each Disbursement this Period 100.00
	Category/ Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

315.00

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)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A. Full Name (Last, First, Middle Initial) BRETT MIRSKY <hr/> Mailing Address 1225 EDNA DRIVE <hr/> City PORT ORANGE State FL Zip Code 32129 <hr/> Purpose of Disbursement PER DIEM FOR CONFERENCE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4879 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 416.00
	Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT AFL-CIO <hr/> Mailing Address 815 16th St. NW Suite 600 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4887 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 125.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT AFL-CIO <hr/> Mailing Address 815 16th St. NW Suite 600 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4890 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 125.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

666.00

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)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.	Full Name (Last, First, Middle Initial) UA LOCAL UNION 295	Transaction ID: SB29.4881 Date of Disbursement																			
	Mailing Address 743 N BEACH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	0	8												
	City DAYTONA BEACH State FL Zip Code 32114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRAVEL	<table border="1"><tr><td>399.11</td></tr></table>	399.11																		
399.11																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) UA LOCAL UNION 295	Transaction ID: SB29.4882 Date of Disbursement																			
	Mailing Address 743 N BEACH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	0	8												
	City DAYTONA BEACH State FL Zip Code 32114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement FOOD FOR CAMPAIGN EVENT	<table border="1"><tr><td>192.70</td></tr></table>	192.70																		
192.70																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/Type	007																		
007																					
	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) UA LOCAL UNION 295	Transaction ID: SB29.4883 Date of Disbursement																			
	Mailing Address 743 N BEACH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
	City DAYTONA BEACH State FL Zip Code 32114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement LODGING FOR CONFERENCE	<table border="1"><tr><td>775.52</td></tr></table>	775.52																		
775.52																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1367.33</td></tr></table>	1367.33
1367.33		
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)

PAGE 12 / 14

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

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NAME OF COMMITTEE (In Full)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.	Full Name (Last, First, Middle Initial) UA LOCAL UNION 295	Transaction ID: SB29.4884 Date of Disbursement																			
	Mailing Address 743 N BEACH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	7	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	0	7	/	2	0	0	8												
	City DAYTONA BEACH State FL Zip Code 32114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SODAS	<table border="1"><tr><td>46.86</td></tr></table>	46.86																		
46.86																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/Type	007																		
007																					
	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) UA LOCAL UNION 295	Transaction ID: SB29.4902 Date of Disbursement																			
	Mailing Address 743 N BEACH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	0	/	2	0	0	8												
	City DAYTONA BEACH State FL Zip Code 32114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement POSTAGE	<table border="1"><tr><td>104.00</td></tr></table>	104.00																		
104.00																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/Type	007																		
007																					
	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) UA LOCAL UNION 295	Transaction ID: SB29.4903 Date of Disbursement																			
	Mailing Address 743 N BEACH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	0	/	2	0	0	8												
	City DAYTONA BEACH State FL Zip Code 32114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRANSPORTATION	<table border="1"><tr><td>52.80</td></tr></table>	52.80																		
52.80																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>203.66</td></tr></table>	203.66
203.66		
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)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

<p>A. Full Name (Last, First, Middle Initial) UA LOCAL UNION 295</p> <p>Mailing Address 743 N BEACH STREET</p> <p>City DAYTONA BEACH State FL Zip Code 32114</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4904</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2501.10"/></p> <p>Category/Type: <input type="text" value="002"/></p>
<p>B. Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND</p> <p>Mailing Address P O BOX 37800</p> <p>City WASHINGTON State DC Zip Code 20013-4307</p> <p>Purpose of Disbursement PENNY FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4889</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="10"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="296.87"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>C. Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND</p> <p>Mailing Address P O BOX 37800</p> <p>City WASHINGTON State DC Zip Code 20013-4307</p> <p>Purpose of Disbursement PENNY FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4892</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="231.36"/></p> <p>Category/Type: <input type="text" value="011"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3029.33"/>
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)

PAGE 14 / 14

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

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NAME OF COMMITTEE (In Full)
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

A.	Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION FUND	Transaction ID: SB29.4905 Date of Disbursement																			
	Mailing Address P O BOX 37800	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	0	/	2	0	0	8												
	City WASHINGTON State DC Zip Code 20013-4307	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PENNY FUND Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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) PATTY WELLS	Transaction ID: SB29.4894 Date of Disbursement																			
	Mailing Address 1126 EVEREST ST	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	0	/	2	0	0	8												
	City CLEARMONT State FL Zip Code 34711	Amount of Each Disbursement this Period																			
	Purpose of Disbursement GOLF TOURNAMENT SPONSORSHIP Candidate Name	<table border="1"><tr><td>004</td></tr></table> Category/Type	004																		
004																					
	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) OLIVER B. WINN, Jr.	Transaction ID: SB29.4880 Date of Disbursement																			
	Mailing Address 278 SOUTH OLD KINGS ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	0	4	/	2	0	0	8												
	City ORMOND BEACH State FL Zip Code 32174	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PER DIEM FOR CONFERENCE Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional) ▶

1065.66

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

7326.98
