

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
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 32-32 48TH AVENUE
 Check if different than previously reported. (ACC)
LONG ISLAND CITY NY 11101

2. **FEC IDENTIFICATION NUMBER** C00386821
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 07 01 2008 through 09 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 JAMES P ELDER

Signature of Treasurer Electronically Filed by JAMES P ELDER Date 10 20 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.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

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; vertical-align: middle;"><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		688719.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	707472.61									
(c) Total Receipts (from Line 19)	73649.64	208826.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	781122.25	897546.13								
7. Total Disbursements (from Line 31)	76952.55	193376.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	704169.70	704169.70								
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

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

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	70025.87	205202.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	70025.87	205202.78
(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)	70025.87	205202.78
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	3623.77	3623.77
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73649.64	208826.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73649.64	208826.55

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5387.55	7765.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5387.55	7765.66
22. Transfers to Affiliated/Other Party Committees.....	25000.00	25000.00
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	3623.77
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.....	46565.00	156987.00
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))..	76952.55	193376.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76952.55	193376.43

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	70025.87	205202.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70025.87	205202.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5387.55	7765.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5387.55	7765.66

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

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

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City State Zip Code
ROCKY POINT NY 11778

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: SA14.7399

Amount of Each Receipt this Period

1812.39

EXPENSE ADVANCES REPAID

B.

Full Name (Last, First, Middle Initial)

JOHN GALLAGHER

Mailing Address 75 ROCKY POINT YAPHANK RD

City State Zip Code
ROCKY POINT NY 11778

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1811.38

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: SA14.7400

Amount of Each Receipt this Period

1811.38

EXPENSE ADVANCES REPAID

SUBTOTAL of Receipts This Page (optional)

3623.77

TOTAL This Period (last page this line number only)

3623.77

**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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CHASE BANK <hr/> Mailing Address 32-32 48TH AVE <hr/> City LONG ISLAND CITY State NY Zip Code 11101 <hr/> Purpose of Disbursement BANK CHARGES AND FEES 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: SB21B.7432 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2008
	Amount of Each Disbursement this Period 380.15
	<input type="text" value="001"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) QUILL CORP <hr/> Mailing Address PO BOX 37600 <hr/> City PHILADELPHIA State PA Zip Code 19101 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7408 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2008
	Amount of Each Disbursement this Period 399.22
	<input type="text" value="001"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

779.37

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

779.37

**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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ACKERMAN FOR CONGRESS

Transaction ID: SB29.7352

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Mailing Address PO BOX 95

Amount of Each Disbursement this Period

1000.00

City FRESH MEADOWS State NY Zip Code 11365

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ALESSI FOR ASSEMBY

Transaction ID: SB29.7353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Mailing Address PO BOX 775

Amount of Each Disbursement this Period

400.00

City MANORVILLE State NY Zip Code 11949

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ARROYO 2009

Transaction ID: SB29.7354

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Mailing Address 895 BROADWAY
5TH FLOOR

Amount of Each Disbursement this Period

375.00

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1775.00

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)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BISHOP FOR CONGRESS <hr/> Mailing Address PO BOX 437 <hr/> City FARMINGVILLE State NY Zip Code 11738 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7355 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2008	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR TOM MONAHAN <hr/> Mailing Address PO BOX 307 <hr/> City NYACK State NY Zip Code 10994 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7356 Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2008	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) CITIZENS TO ELECT EDDINGTON <hr/> Mailing Address P.O. BOX 49 <hr/> City MEDFORD State NY Zip Code 11763 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7357 Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2008	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶

2600.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT LARRY BULMAN

Mailing Address 13 MOREAU DRIVE

City SOUTH GLENNS FALLS State NY Zip Code 12803

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7359

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT PHIL RAMOS

Mailing Address 150 MOTOR PARKWAY LL-20

City HAUPPAUGE State NY Zip Code 17788

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7360

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT WEISENBERG

Mailing Address 730 WEST BROADWAY

City LONG BEACH State NY Zip Code 11561

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7361

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CROWLEY '08 Mailing Address 78-27 84TH ST City GLENDALE State NY Zip Code 11385 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7363 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 500.00 011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS Mailing Address 84-56 Grand Avenue City Elmhurst State NY Zip Code 11373 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7366 Date of Disbursement 07 / 12 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) CUSICK FOR ASSEMBLY Mailing Address 94 BENEDICT AVE City STATEN ISLAND State NY Zip Code 10304 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7367 Date of Disbursement 08 / 12 / 2008 Amount of Each Disbursement this Period 600.00 011 Category/ Type	

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)

PAGE 12 / 24

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC ORG OF QUEENS Mailing Address 72-50 AUSTIN ST City FOREST HILLS State NY Zip Code 11375 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: SB29.7369 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2008	Amount of Each Disbursement this Period _____ 900.00
B.	Full Name (Last, First, Middle Initial) DINAPOLI 2010 Mailing Address 928 BROADWAY City NEW YORK State NY Zip Code 10010 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: SB29.7370 Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2008	Amount of Each Disbursement this Period _____ 1500.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ANTHONY MACAGNONE Mailing Address PO BOX 628 City FARMINGDALE State NY Zip Code 11735 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: SB29.7372 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2008	Amount of Each Disbursement this Period _____ 300.00

SUBTOTAL of Disbursements This Page (optional) ▶

2700.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF ASSEMBLYMAN JOSE RIVERA

Mailing Address 926 MORRIS PARK AVE

City BRONX State NY Zip Code 10462

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.7373

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
FRIENDS OF CARL HEASTIS

Mailing Address 75 DOVE ST

City ALBANY State NY Zip Code 12210

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.7375

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF CARL HEASTIS

Mailing Address 75 DOVE ST

City ALBANY State NY Zip Code 12210

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.7374

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF CASSINO

Mailing Address 5724 FARADAY AVE

City BRONX State NY Zip Code 10471

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7376

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

950.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JACK EDDINGTON

Mailing Address PO BOX 1161

City MEDFORD State NY Zip Code 11763

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7377

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JUDGE BRUNO

Mailing Address PO BOX 1507

City VALLEY STREAM State NY Zip Code 11582

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7380

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) GENNARO FOR NEW YORK <hr/> Mailing Address PO BOX 660012 <hr/> City FRESH MEADOWS State NY Zip Code 11366 <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7385 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2008	
	Amount of Each Disbursement this Period 250.00	
	<input type="text" value="011"/> Category/ Type	
	Full Name (Last, First, Middle Initial) GENNARO FOR NEW YORK <hr/> Mailing Address PO BOX 660012 <hr/> City FRESH MEADOWS State NY Zip Code 11366 <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7386 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2008
Amount of Each Disbursement this Period 500.00		
<input type="text" value="011"/> Category/ Type	Full Name (Last, First, Middle Initial) GENTILE FOR NEW YORK <hr/> Mailing Address 7005 7TH AVE <hr/> City BROOKLYN State NY Zip Code 11228 <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7387 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2008
Amount of Each Disbursement this Period 100.00		
<input type="text" value="011"/> Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="850.00"/>
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) MASSAPEQUA REPUBLICAN COMMITTEE</p> <p>Mailing Address 29 BROCK MEYERE DRIVE</p> <p>City MASSAPEQUA State NY Zip Code 11758</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7392</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="640.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MCMAHON FOR CONGRESS</p> <p>Mailing Address 66 ARNOLD ST</p> <p>City STATEN ISLAND State NY Zip Code 10301</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7393</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MULLIGAN & GROTE CPA PC</p> <p>Mailing Address 131 TULIP AVE</p> <p>City FLORAL PARK State NY Zip Code 11001</p> <p>Purpose of Disbursement ACCOUNTING SERVICES</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7396</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11000.00"/></p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) OYSTER BAY REPUBLICAN CLUB Mailing Address PO BOX 6 City OYSTER BAY State NY Zip Code 11771 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7403 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2008	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">600.00</div>
B.	Full Name (Last, First, Middle Initial) PEOPLE FOR PEREZ Mailing Address PO BOX 580580 MT CARMEL STA City BRONX State NY Zip Code 10548 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7405 Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2008	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">200.00</div>
C.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS Mailing Address PO BOX 5577 City NEW YORK State NY Zip Code 10027 Purpose of Disbursement PLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7411 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2008	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

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)

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) REELECT COMO FOR CITY COUNCIL Mailing Address PO BOX 57 City MIDDLE VILLAGE State NY Zip Code 11379 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7412 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) RUBEN DIAZ FOR STATE SENATE Mailing Address PO BOX 229 City BRONX State NY Zip Code 10460 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7414 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2008	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) SAVINO FOR NEW YORK Mailing Address 481 EIGHTH AVENUE SUITE 1202 City NEW YORK State NY Zip Code 10001 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7415 Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2008	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1050.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SOUTHAMPTON TOWN REPUBLICAN COMMITTEE

Mailing Address PO BOX 822

City WESTHAMPTON BEACH State NY Zip Code 11978

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7416

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
THE COMMITTEE TO ELECT CHARLES DECHON

Mailing Address PO BOX 135

City ELLENVILLE State NY Zip Code 12428

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7417

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
THE COMMITTEE TO RE-ELECT GEORGE ONORATO

Mailing Address 23-19 31ST ST

City ASTORIA State NY Zip Code 11105

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7419

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

<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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UNITED FOR MONSERRATE

Mailing Address 99-02 37TH AVE

City CORONA State NY Zip Code 11368

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7426

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
VALLONE FOR NEW YORK

Mailing Address 123 WILLIAM ST
22ND FLOOR

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7430

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

46565.00

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Transaction ID: SC/9.7121

LOAN SOURCE Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 75 ROCKY POINT YAPHANK RD

City ROCKY POINT State NY ZIP Code 11778

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1812.39	1812.39	0.00

TERMS

Date Incurred: MM DD YYYY (02 29 2008) Date Due: Interest Rate: Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Transaction ID: SC/9.7118

LOAN SOURCE Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 75 ROCKY POINT YAPHANK RD

City ROCKY POINT State NY ZIP Code 11778

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1811.38	1811.38	0.00

TERMS

Date Incurred: MM DD YYYY 03 15 2008
Date Due: _____ Interest Rate: _____ % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.