

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
IUOE OPERATING ENGINEERS

ADDRESS (number and street) 1375 VIRGINIA DR.
 Check if different than previously reported. (ACC)
FT. WASHINGTON PA 19034

2. **FEC IDENTIFICATION NUMBER** C00136739
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 JAMES JONES

Signature of Treasurer Electronically Filed by JAMES JAMES JONES Date 10 02 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**

Write or Type Committee Name
IUOE OPERATING ENGINEERS

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; 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 | | 108.12 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 2611.68 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 84734.25 | 167692.81 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 87345.93 | 167800.93 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 83025.00 | 163480.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 4320.93 | 4320.93 | | | | | | | | |
| 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
IUOE OPERATING ENGINEERS

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 | 84734.25 | 167692.81 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 84734.25 | 167692.81 |
| (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) | 84734.25 | 167692.81 |
| 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.) | 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)) | 84734.25 | 167692.81 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 84734.25 | 167692.81 |

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 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2375.00 | 16175.00 |
| 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..... | 80650.00 | 147305.00 |
| 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)).. | 83025.00 | 163480.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 83025.00 | 163480.00 |

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 | 84734.25 | 167692.81 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 84734.25 | 167692.81 |
| 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 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 checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
IUOE OPERATING ENGINEERS

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN | Transaction ID: SB23.6028 Date of Disbursement |
| | Mailing Address P.O. BOX 37 | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City ST CLARE State PA Zip Code 17970 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="375.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) PATRICK PATRICK MURPHY FOR CONGRESS | Transaction ID: SB23.6029 Date of Disbursement |
| | Mailing Address 499 S. CAPITOL ST. SW STE 404 | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 08 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) SCHWARZ SCHWARZ FOR CONGRESS | Transaction ID: SB23.6025 Date of Disbursement |
| | Mailing Address POST OFFICE BOX 2063 | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> |
| | City BATTLE CREEK State MI Zip Code 49016 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2375.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="2375.00"/> |

**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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | | |
|-----------|--|--|---------|
| A. | Full Name (Last, First, Middle Initial) BILL BILL DEWEESE CAMPAIGN COMM | Transaction ID: SB29.6038 Date of Disbursement 09 / 16 / 2008 | |
| | Mailing Address P.O. BOX 513 | | |
| | City HARRISBURG State PA Zip Code 17108 | Amount of Each Disbursement this Period | 1000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |
| B. | Full Name (Last, First, Middle Initial) BOYLE BOYLE FOR STATE REP | Transaction ID: SB29.6051 Date of Disbursement 09 / 16 / 2008 | |
| | Mailing Address 602 AVON RD | | |
| | City PHILA State PA Zip Code 19116 | Amount of Each Disbursement this Period | 1500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |
| C. | Full Name (Last, First, Middle Initial) BRENNAN BRENNAN FOR STAT REP | Transaction ID: SB29.5951 Date of Disbursement 07 / 28 / 2008 | |
| | Mailing Address 1201 DELAWARE AVE | | |
| | City BETHLEHEM State PA Zip Code 18015 | Amount of Each Disbursement this Period | 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| 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)
IUOE OPERATING ENGINEERS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) BUCKS BUCKS COUNTY DEMO. COMM Mailing Address 17 W. COURT ST. City DOYLESTOWN State PA Zip Code 18901 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5939 Date of Disbursement 07 / 02 / 2008 |
| | Amount of Each Disbursement this Period 1075.00 |
| 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) ▼ | Category/ Type |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) BUCKS BUCKS COUNTY DEMO. COMM Mailing Address 17 W. COURT ST. City DOYLESTOWN State PA Zip Code 18901 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5946 Date of Disbursement 07 / 11 / 2008 |
| | Amount of Each Disbursement this Period 1000.00 |
| 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) ▼ | Category/ Type |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) BUCKS BUCKS COUNTY DEMO. COMM Mailing Address 17 W. COURT ST. City DOYLESTOWN State PA Zip Code 18901 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5963 Date of Disbursement 08 / 04 / 2008 |
| | Amount of Each Disbursement this Period 4000.00 |
| 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) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6075.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)
IUOE OPERATING ENGINEERS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) REPUBLICAN BUCKS COUNTY REP. COMM. <hr/> Mailing Address 115 N. BROAD ST <hr/> City DOYLESTOWN State PA Zip Code 18901 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5964 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| 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) ▼ | Category/ Type |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) CHRIS CHRIS SAINATO FOR STATE REP. <hr/> Mailing Address 607 BANKEL AVE <hr/> City NEW CASTLE State PA Zip Code 16101 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5997 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 600.00 |
| 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) ▼ | Category/ Type |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) GREENLEAF CITIZENS FOR GREENLEAF <hr/> Mailing Address 1555 TERWOOD RD <hr/> City HUNTINGDON VALLEY State PA Zip Code 19006 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.6039 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| 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) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4100.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WILLIAMS CITIZENS FOR WILLIAMS | Transaction ID: SB29.5955 Date of Disbursement |
| | Mailing Address P.O. BOX 7257 | <input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City WILMINGTON State DE Zip Code 19803 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="600.00"/> |
| | Candidate Name | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MIKE CITIZENS TO REELECT M.O'BRIEN | Transaction ID: SB29.6033 Date of Disbursement |
| | Mailing Address 714 W. 3RD ST | <input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City PHILA State PA Zip Code 19123 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="500.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) CLARK CLARK 2008 | Transaction ID: SB29.5991 Date of Disbursement |
| | Mailing Address 209 MEADOWDALE DR | <input type="text" value="08"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City NEWARK State DE Zip Code 19711 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="300.00"/> |
| | Candidate Name | Category/ Type |
| | 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) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1400.00"/> |
| 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)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) COLLINGDALE COLLINGDALE REP. PARTY | Transaction ID: SB29.5938 Date of Disbursement MM / DD / YYYY 07 / 02 / 2008 |
| | Mailing Address 111 CHESTNUT ST | Amount of Each Disbursement this Period 200.00 |
| | City COLLINGDALE State PA Zip Code 19023 | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JOSEPH COMM. TO ELECT J. DIGIROLAMO | Transaction ID: SB29.5952 Date of Disbursement MM / DD / YYYY 07 / 28 / 2008 |
| | Mailing Address 3986 GRACE AVE. | Amount of Each Disbursement this Period 1000.00 |
| | City BENSALEM State PA Zip Code 19020 | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

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| C. | Full Name (Last, First, Middle Initial) JOHN COMM. TO REELECT JOHN TAYLOR | Transaction ID: SB29.5962 Date of Disbursement MM / DD / YYYY 08 / 04 / 2008 |
| | Mailing Address 1205 LOCUST ST - STE 100 | Amount of Each Disbursement this Period 500.00 |
| | City PHILA. State PA Zip Code 19107 | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1700.00 |
| 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 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) SOVOKINAS COMM TO ELEC.SOVOKINAS SHERIFF</p> <p>Mailing Address 4 FAIRLAWN ST</p> <p>City HUGHESTOWN State PA Zip Code 18640</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.6011</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) BRAD COMM TO ELECT BRAD BENNETT</p> <p>Mailing Address 52 STUART DR</p> <p>City DOVER State DE Zip Code 19901</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.5995</p> <p>Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) BRYAN COMM TO ELECT BRYAN LENTZ</p> <p>Mailing Address P.O. BOX 347</p> <p>City SWARTHMORE State PA Zip Code 19081</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.6054</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 1450.00 |
| 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)
IUOE OPERATING ENGINEERS

A. Full Name (Last, First, Middle Initial)
BRYAN COMM TO ELECT BRYAN SHORT

Mailing Address P.O. BOX 755

City CLAYMONT State DE Zip Code 19703

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6055

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
KOWALKO COMM TO ELECT KOWALKO

Mailing Address 139 N. DILLION RD

City NEWARK State DE Zip Code 19711

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6057

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

300.00

C. Full Name (Last, First, Middle Initial)
RICK COMM TO ELECT RICK TAYLOR

Mailing Address P.O. BOX 866

City AMBLER State PA Zip Code 19002

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5989

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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 15 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) TERRY COMM TO REELECT TERRY SPENCER</p> <p>Mailing Address 34 CHANCELLOR DR</p> <p>City NEWARK State DE Zip Code 19713</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.6060</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) DEFRANCISCO DEFRANCISCO FOR STATE REP.</p> <p>Mailing Address BOX 429</p> <p>City RIDLEY PARK State PA Zip Code 19078</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.5999</p> <p>Date of Disbursement 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) DELAWARE COUNTY DEL. COUNTY REP. FINANCE COMM</p> <p>Mailing Address 323 W. FRONT ST.</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.6016</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IUOE OPERATING ENGINEERS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) REPUBLICAN DEL. COUNTY REP FINANCE COMM</p> <p>Mailing Address 323 WEST FRONT ST.</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB29.5942 Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) DEMOCRATE DEMO COUNTY EX COMM. OF PHILA</p> <p>Mailing Address 1421 WALNUT ST</p> <p>City PHILA State PA Zip Code 19102</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB29.6001 Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC DEMOCRATIC CITY COMM.</p> <p>Mailing Address 1421 WALNUT ST.</p> <p>City PHILA. State PA Zip Code 19102</p> <p>Purpose of Disbursement CAMPAIGN CONTRI.</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB29.5930 Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 6100.00 |
| 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 17 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) RON DONATUCCI 2003 COMM | Transaction ID: SB29.5933 Date of Disbursement 07 / 02 / 2008 |
| | Mailing Address 1616 SOUTH BROAD ST | Amount of Each Disbursement this Period 625.00 |
| | City PHILA State PA Zip Code 19145 | |
| | Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Category/Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JAMES FIRM OF US TAX CONSULTANTS | Transaction ID: SB29.5943 Date of Disbursement 07 / 07 / 2008 |
| | Mailing Address 2801 MAXWELL ST. | Amount of Each Disbursement this Period 150.00 |
| | City PHILA. State PA Zip Code 19136 | |
| | Purpose of Disbursement ACCOUNTANT Candidate Name | Category/Type |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) JAMES FIRM OF US TAX CONSULTANTS | Transaction ID: SB29.6061 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address 2801 MAXWELL ST. | Amount of Each Disbursement this Period 150.00 |
| | City PHILA. State PA Zip Code 19136 | |
| | Purpose of Disbursement ACCOUNTANT Candidate Name | Category/Type |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 925.00 |
| 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)
IUOE OPERATING ENGINEERS

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) WARD FRIENDS OF 66A WARD | Transaction ID: SB29.6048 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 10222 E. KESWICK RD | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>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 | 9 | | 1 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City PHILA State PA Zip Code 19114 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>350.00</td></tr></table> | 350.00 | | | | | | | | | | | | | | | | | | |
| 350.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) ANDY FRIENDS OF ANDY DINNIMAN | Transaction ID: SB29.5985 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 471 SPRUCE DR | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</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 | 8 | | 2 | 0 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City EXTON State PA Zip Code 19341 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>500.00</td></tr></table> | 500.00 | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) BILL FRIENDS OF BILL ACULPH | Transaction ID: SB29.5936 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 303 | <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>7</td><td></td><td>0</td><td>2</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 | 7 | | 0 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 0 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City SPRINGFIELD State PA Zip Code 19064 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>200.00</td></tr></table> | 200.00 | | | | | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>1050.00</td></tr></table> | 1050.00 |
| 1050.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) CHARLES FRIENDS OF C. DETINGER <hr/> Mailing Address 8541 DELAWARE DR. <hr/> City BANGOR State PA Zip Code 18013 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Category/ Type <hr/> 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: SB29.6036 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00 |
| B. | Full Name (Last, First, Middle Initial) CHRIS FRIENDS OF C. KING <hr/> Mailing Address P.O. BOX 725 <hr/> City LANGHORNE State PA Zip Code 19047 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Category/ Type <hr/> 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: SB29.5981 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00 |
| C. | Full Name (Last, First, Middle Initial) CALTAGIRONE FRIENDS OF CALTAGIRONE <hr/> Mailing Address 2521 HILL RD <hr/> City READING State PA Zip Code 19606 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Category/ Type <hr/> 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: SB29.5945 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 250.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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)

PAGE 20 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) DENNY FRIENDS OF DENNY O'BRIEN | Transaction ID: SB29.6006 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 16015 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>2</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 | 9 | | 0 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City PHILA State PA Zip Code 19114 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>500.00</td></tr></table> | 500.00 | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) DOMINIC FRIENDS OF DOMINIC PILEGGI | Transaction ID: SB29.6073 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 101 W. BALTIMORE AVE - 2ND FLOOR | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>9</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 | 9 | | 2 | 9 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MEDIA State PA Zip Code 19063 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>500.00</td></tr></table> | 500.00 | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) ED FRIENDS OF E. PAWLAWSKI | Transaction ID: SB29.5977 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 9366 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>9</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 | 8 | | 1 | 9 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City ALLENTOWN State PA Zip Code 18105 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>1000.00</td></tr></table> | 1000.00 | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>2000.00</td></tr></table> | 2000.00 |
| 2000.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | | |
|-----------|--|--|---------|
| A. | Full Name (Last, First, Middle Initial) FRANK FRIENDS OF FRANK CUSTER | Transaction ID: SB29.5975 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 8 | |
| | Mailing Address 1419 GWYNE DALE | | |
| | City LANSDALE State PA Zip Code 19416 | Amount of Each Disbursement this Period | 1000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |
| B. | Full Name (Last, First, Middle Initial) FRANK FRIENDS OF FRANK CUSTER | Transaction ID: SB29.6065 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8 | |
| | Mailing Address 1419 GWYNE DALE | | |
| | City LANSDALE State PA Zip Code 19416 | Amount of Each Disbursement this Period | 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |
| C. | Full Name (Last, First, Middle Initial) GENE FRIENDS OF GENE DIGIROLAMO | Transaction ID: SB29.6019 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8 | |
| | Mailing Address 5806 WHARTON CIR | | |
| | City BENSLEM State PA Zip Code 19020 | Amount of Each Disbursement this Period | 1000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) GENE FRIENDS OF GENE DIGIROLAMO | Transaction ID: SB29.6059 |
| | Mailing Address 5806 WHARTON CIR | Date of Disbursement MM / DD / YYYY 09 / 22 / 2008 |
| | City BENSLEM State PA Zip Code 19020 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JEWELL FRIENDS OF JEWELL WILLIAMS | Transaction ID: SB29.6005 |
| | Mailing Address 2343 N. SMEDLEY ST | Date of Disbursement MM / DD / YYYY 08 / 27 / 2008 |
| | City PHILA. State PA Zip Code 19132 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) KIRKLAND FRIENDS OF KIRKLAND | Transaction ID: SB29.6053 |
| | Mailing Address P.O. BOX 755 | Date of Disbursement MM / DD / YYYY 09 / 18 / 2008 |
| | City CHESTER State PA Zip Code 19016 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2000.00 |
| 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)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MATT FRIENDS OF MATT BRADFORD | Transaction ID: SB29.5969 |
| | Mailing Address P.O. BOX 349 | Date of Disbursement 08 / 11 / 2008 |
| | City NORRISTOWN State PA Zip Code 19404 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MONTGOMERY FRIENDS OF MONTGOMERY COUNTY | Transaction ID: SB29.5984 |
| | Mailing Address 624 HAZELHURST RD. | Date of Disbursement 08 / 19 / 2008 |
| | City MERION STATION State PA Zip Code 19066 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MURIO FRIENDS OF MURIO CIVREA | Transaction ID: SB29.6044 |
| | Mailing Address P.O. BOX 682 | Date of Disbursement 09 / 16 / 2008 |
| | City DREXEL HILL State PA Zip Code 19026 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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: | |

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| SUBTOTAL of Disbursements This Page (optional) | 2000.00 |
| 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)
IUOE OPERATING ENGINEERS

A. Full Name (Last, First, Middle Initial)
NICK FRIENDS OF NICK MICOZZIE

Mailing Address P.O. BOX 234

City CLIFTON HEIGHTS State PA Zip Code 19018

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
PATRICIA FRIENDS OF PATRICIA CREEDON

Mailing Address 12 DERICKSON DR

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5993

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SCOTT FRIENDS OF SCOTT CONKLIN

Mailing Address 339 KEPP RD

City PHILLIPSBURG State PA Zip Code 16866

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5971

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 25 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | | |
|-----------|--|--|---------|
| A. | Full Name (Last, First, Middle Initial) SCOTT FRIENDS OF SCOTT PETEI | Transaction ID: SB29.6040 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 8 | |
| | Mailing Address P.O. BOX 161 | | |
| | City RICHBORO State PA Zip Code 18954 | Amount of Each Disbursement this Period | 800.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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) ▼ | |
| B. | Full Name (Last, First, Middle Initial) TOM FRIENDS OF T. SEIP | Transaction ID: SB29.5979 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8 | |
| | Mailing Address 7 MAPLE AVE | | |
| | City PINE GROVE State PA Zip Code 17963 | Amount of Each Disbursement this Period | 250.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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) ▼ | |
| C. | Full Name (Last, First, Middle Initial) CHRISTINE FRIENDS TO ELECT C TARTAGLIONE | Transaction ID: SB29.5974 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 8 | |
| | Mailing Address 800 N 3RD STREET - 4TH FLR. | | |
| | City HARRISBURG State PA Zip Code 17102 | Amount of Each Disbursement this Period | 2000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 3050.00 |
| 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 26 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) GLOUCESTER GLOUCESTER COUNTY DEMO. COMM Mailing Address P.O. BOX 751 City WOODBURY State NJ Zip Code 08096 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5950 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 4000.00 |
| 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) ▼ | Category/ Type |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) GUY GUY CIARROCCHI FOR STATE REP Mailing Address P.O. BOX 157 City PAOLI State PA Zip Code 19301 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.6070 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| 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) ▼ | Category/ Type |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) JOHN J. GALLOWAY Mailing Address 74 VIEW POINT LANE City LEVITTOWN State PA Zip Code 19054 Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name | Transaction ID: SB29.5947 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| 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) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)
IUOE OPERATING ENGINEERS

A. Full Name (Last, First, Middle Initial)
JUDY JUDY HIRSH FOR STATE SENATE

Mailing Address 2213 FOREST HILLS DR. - STE 3

City HARRISBURG State PA Zip Code 17112

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6020

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KENNY KENNY FOR COUNCIL

Mailing Address P.O. BOX 60065

City PHILA State PA Zip Code 19102

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5949

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

400.00

C. Full Name (Last, First, Middle Initial)
KENNY KENNY FOR COUNCIL

Mailing Address P.O. BOX 60065

City PHILA State PA Zip Code 19102

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6023

Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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)
IUOE OPERATING ENGINEERS

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) KILLION KILLION VICTORY COMM | Transaction ID: SB29.6013 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 115 W. STATE ST - STE 301 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>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 | 9 | | 0 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 0 | 4 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MEDIA State PA Zip Code 19063 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>300.00</td></tr></table> | 300.00 | | | | | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MATT M.BRADFORD DEMS FOR STATE REP | Transaction ID: SB29.6068 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 349 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>5</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 | 9 | | 2 | 5 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City NORRISTOWN State PA Zip Code 19104 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>500.00</td></tr></table> | 500.00 | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MCCAFFERTY MCCAFFERTY FOR DIST. ATTORNEY | Transaction ID: SB29.5967 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 51251 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>1</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 | 8 | | 1 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City PHILA State PA Zip Code 19115 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <table border="1"><tr><td>2000.00</td></tr></table> | 2000.00 | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input 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) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>2800.00</td></tr></table> | 2800.00 |
| 2800.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

A. Full Name (Last, First, Middle Initial)
MCCAFFERTY MCCAFFERTY FOR DIST. ATTORNEY

Mailing Address P.O. BOX 51251

City PHILA State PA Zip Code 19115

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MONTGOMERY MONTGOMERY COUNTY DEMO COMM

Mailing Address 14W. MARSHALL ST.

City NORRISTOWN State PA Zip Code 19401

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MONTGOMERY MONTGOMERY COUNTY DEMO COMM

Mailing Address 14W. MARSHALL ST.

City NORRISTOWN State PA Zip Code 19401

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6062

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 30 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) OBAMA OBAMA FOR AMERICA | Transaction ID: SB29.5987 |
| | Mailing Address P.O. BOX 802798 | Date of Disbursement MM / DD / YYYY 08 / 25 / 2008 |
| | City CHICAGO State IL Zip Code 60680 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) OBAMA OBAMA FOR AMERICA | Transaction ID: SB29.6022 |
| | Mailing Address P.O. BOX 802798 | Date of Disbursement MM / DD / YYYY 09 / 11 / 2008 |
| | City CHICAGO State IL Zip Code 60680 | Amount of Each Disbursement this Period 2300.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BRODY PEOPLE FOR BRODY | Transaction ID: SB29.5990 |
| | Mailing Address 1804 SHALLCROSS AVE | Date of Disbursement MM / DD / YYYY 08 / 25 / 2008 |
| | City WILMINGTON State DE Zip Code 19806 | Amount of Each Disbursement this Period 600.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | Category/ Type |
| | 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7900.00 |
| 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)
IUOE OPERATING ENGINEERS

A. Full Name (Last, First, Middle Initial)
GREEN PHILELPHIANS FOR GREEN

Mailing Address P.O. BOX22656

City PHILA State PA Zip Code 19110

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.6042

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

600.00

B. Full Name (Last, First, Middle Initial)
PINE GROVE PINE GROVE DEMO COMM

Mailing Address 7 MAPLE AVE

City PINE GROVE State PA Zip Code 17963

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.5944

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

200.00

C. Full Name (Last, First, Middle Initial)
RAFFERTY FOR SENATE

Mailing Address P.O. BOX 436

City WORCESTER State PA Zip Code 19490

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

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

State: PA District: 44

Transaction ID: SB29.5960

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

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)

PAGE 32 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) REPUBLICAN REP. CITY COMM. | Transaction ID: SB29.5986 Date of Disbursement |
| | Mailing Address 1700 BENJAMIN FRANKLIN PKWY THE WINDSOR LOWER LEVEL | <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City PHILA State PA Zip Code 19103 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SPRINGFIELD SPRINGFIELD REP. PARTY | Transaction ID: SB29.5959 Date of Disbursement |
| | Mailing Address P.O. BOX 423 | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City SPRINGFIELD State PA Zip Code 19064 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAGIN CONTRI. | <input type="text" value="1400.00"/> |
| | Candidate Name | Category/ Type |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MICHAEL STACK FOR SENATE | Transaction ID: SB29.5934 Date of Disbursement |
| | Mailing Address 1301 GLENVIEW ST. | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> |
| | City PHILA State PA Zip Code 19111 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN CONTRI. | <input type="text" value="200.00"/> |
| | Candidate Name | Category/ Type |
| | 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) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2600.00"/> |
| 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)
IUOE OPERATING ENGINEERS

A. Full Name (Last, First, Middle Initial)
SWEENEY SWEENEY FOR SENATE - DIST 3

Mailing Address 300 N. MARION AVE

City State Zip Code
WENONAH NJ 08090

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.6018

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
MARPLE THE MARPLE REP. PARTY

Mailing Address P.O. BOX 573

City State Zip Code
BROOMALL PA 19008

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.6014

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

200.00

C. Full Name (Last, First, Middle Initial)
PARADEE THE PEOPLE FOR PARADEE

Mailing Address 95 RINGSIDE DR

City State Zip Code
DOVER DE 19904

Purpose of Disbursement
CAMPAIGN CONTRI.

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB29.5957

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

200.00

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)

PAGE 34 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
IUOE OPERATING ENGINEERS

| | | | |
|-----------|--|--|---------|
| A. | Full Name (Last, First, Middle Initial) AFL-CIO THE PHILA. COUNCIL AFL-CIO | Transaction ID: SB29.6009 Date of Disbursement 09 / 03 / 2008 | |
| | Mailing Address 22 S. 22ND ST. - 2ND FLR. | | |
| | City PHILA. State PA Zip Code 19103 | Amount of Each Disbursement this Period | 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |
| B. | Full Name (Last, First, Middle Initial) TOM TOM BRIGGS FOR STATE REP | Transaction ID: SB29.5953 Date of Disbursement 07 / 28 / 2008 | |
| | Mailing Address P.O. BOX 62193 | | |
| | City KING OF PRUSSIA State PA Zip Code 19406 | Amount of Each Disbursement this Period | 500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |
| C. | Full Name (Last, First, Middle Initial) TOMLINSON TOMLINSON FOR STATE SENATE | Transaction ID: SB29.5973 Date of Disbursement 08 / 12 / 2008 | |
| | Mailing Address 2207 BRISTOL PIKE | | |
| | City BENSLEM State PA Zip Code 19020 | Amount of Each Disbursement this Period | 1500.00 |
| | Purpose of Disbursement CAMPAIGN CONTRI. | | |
| | Candidate Name | Category/ Type | |
| | 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: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IUOE OPERATING ENGINEERS

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) UPPER DARBY UPPER DARBY REP. COMM <hr/> Mailing Address 5035 TOWNSHIP LANE <hr/> City DREXEL HILL State PA Zip Code 19026 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Category/ Type <hr/> 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: SB29.6050 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00 |
| B. | Full Name (Last, First, Middle Initial) DUBLIN UPPER DUBLIN REP. COMM. <hr/> Mailing Address P.O. BOX 80 <hr/> City FT. WASHINGTON State PA Zip Code 19034 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Category/ Type <hr/> 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: SB29.5961 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 250.00 |
| C. | Full Name (Last, First, Middle Initial) URDANETA URDANETA FOR STATE SENATE <hr/> Mailing Address 4 AMBER CT. <hr/> City MILLERSVILLE State PA Zip Code 17551 <hr/> Purpose of Disbursement CAMPAIGN CONTRI. Candidate Name Category/ Type <hr/> 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: SB29.6063 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00 |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | 80650.00 |