

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
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

ADDRESS (number and street) 534 S Route 73, PO Box 73
 Check if different than previously reported. (ACC)
Winslow NJ 08095

2. **FEC IDENTIFICATION NUMBER** C00173419
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 (12S)
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 2010 through 09 30 2010

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 Thomas Page

Signature of Treasurer Electronically Filed by Thomas Page Date 10 04 2010

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							
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Unitemized contributions are received from various members of Local 322. No individuals made contributions that in the aggregate exceed the unitemized threshold. Unitemized disbursements to individuals for advance checks in the aggregate do not exceed the unitemized threshold.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol
Ed

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		53965.98
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	59492.19									
(c) Total Receipts (from Line 19)	66050.18	162620.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	125542.37	216586.36								
7. Total Disbursements (from Line 31)	58692.76	149736.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66849.61	66849.61								
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

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	66005.37	162433.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)	66005.37	162433.19
(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)	66005.37	162433.19
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.)	44.81	187.19
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))	66050.18	162620.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66050.18	162620.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1750.00	13924.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1750.00	13924.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	56942.76	135812.16
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))..	58692.76	149736.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58692.76	149736.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	66005.37	162433.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66005.37	162433.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1750.00	13924.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1750.00	13924.59

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 20

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

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NAME OF COMMITTEE (In Full)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.

Full Name (Last, First, Middle Initial)

Shulman, Kurtz, Turer & Topaz, LLC

Mailing Address 101 N Lakeview Drive

City Gibbsboro State NJ Zip Code 08026

Purpose of Disbursement
Accounting Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7094

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional) ►

1750.00

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

1750.00

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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Art Schenker for Freeholder <hr/> Mailing Address 18 S Aberdeen Place <hr/> City Atlantic City State NJ Zip Code 08401 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7124 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 2600.00
B.	Full Name (Last, First, Middle Initial) Atlantic & Cape May CLC COPE Fund <hr/> Mailing Address PO Box 1118 <hr/> City Hammonton State NJ Zip Code 08037 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7110 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 3500.00
C.	Full Name (Last, First, Middle Initial) Atlantic County Republican Committee <hr/> Mailing Address 3106 Atlantic Avenue <hr/> City Atlantic City State NJ Zip Code 08401 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7109 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 2600.00

SUBTOTAL of Disbursements This Page (optional) ▶

8700.00

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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Camden County Democrat Committee</p> <p>Mailing Address 2240 - 15 Route 70 West</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7117</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Conaway for Assembly</p> <p>Mailing Address 45 Essex Street Suite 108</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7097</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Conaway for Assembly</p> <p>Mailing Address 45 Essex Street Suite 108</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7108</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	<p>Full Name (Last, First, Middle Initial) Deptford Democrat</p> <p>Mailing Address 212 Heather Glenn Court</p> <p>City Sewell State NJ Zip Code 08080</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7130 Date of Disbursement 09 / 22 / 2010</p>	<p>Amount of Each Disbursement this Period 500.00</p>
B.	<p>Full Name (Last, First, Middle Initial) Dorothy Stetser for Township Committee</p> <p>Mailing Address PO Box 13</p> <p>City Hancocks Bridge State NJ Zip Code 08038</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7120 Date of Disbursement 09 / 01 / 2010</p>	<p>Amount of Each Disbursement this Period 500.00</p>
C.	<p>Full Name (Last, First, Middle Initial) EFO Bercute, Gorman & Sims</p> <p>Mailing Address 10 Brandywine Way</p> <p>City Sicklerville State NJ Zip Code 08081</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7132 Date of Disbursement 09 / 29 / 2010</p>	<p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Election Fund of Donald Norcross for Senate	Transaction ID: SB29.7111 Date of Disbursement
	Mailing Address PO Box 1003	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Camden State NJ Zip Code 08101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Election Fund of Jim Beach for Senate	Transaction ID: SB29.7101 Date of Disbursement
	Mailing Address 2240-15 Route 70 West	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Cherry Hill State NJ Zip Code 08002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Election Fund of Louis Greenwald	Transaction ID: SB29.7098 Date of Disbursement
	Mailing Address 2240 - 15 Route 70	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Cherry Hill State NJ Zip Code 08002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1800.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7300.00"/>
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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Election Fund of Pamela Lampitt</p> <p>Mailing Address 2240-15 Route 70</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7134</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Dennis Levinson</p> <p>Mailing Address 2216 Shore Road</p> <p>City Northfield State NJ Zip Code 08225</p> <p>Purpose of Disbursement Contributions Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7100</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>011 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Polistina & DeWees</p> <p>Mailing Address PO Box 435</p> <p>City Northfield State NJ Zip Code 08225</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7125</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1850.00

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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Friends of Todd Schuler <hr/> Mailing Address 704 Elmwood Road <hr/> City Baltimore State MD Zip Code 21206 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7113 Date of Disbursement 08 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Gloucester County Democratic Committee <hr/> Mailing Address PO Box 751 <hr/> City Woodbury State NJ Zip Code 08096 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7106 Date of Disbursement 08 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 7500.00
C.	Full Name (Last, First, Middle Initial) Goodwin for Senate <hr/> Mailing Address 100 Begonia Court <hr/> City Jackson State NJ Zip Code 08527 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7122 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 2600.00

SUBTOTAL of Disbursements This Page (optional) ▶

10600.00

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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Jack Connors for Assembly <hr/> Mailing Address 45 Essex Street Suite 108 <hr/> City Hackensack State NJ Zip Code 07601 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7112 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Madden for Senate <hr/> Mailing Address 300 N. Marion Avenue <hr/> City Wenonah State NJ Zip Code 08090 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7127 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) McGuigan for Council <hr/> Mailing Address 104 E Dawes Avenue <hr/> City Somers Point State NJ Zip Code 08244 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	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)	

**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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A. Full Name (Last, First, Middle Initial) NJ State AFL-CIO <hr/> Mailing Address 106 W State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7093 Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
	Amount of Each Disbursement this Period 514.15
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades <hr/> Mailing Address PO Box 73 <hr/> City Winslow State NJ Zip Code 08095 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7092 Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
	Amount of Each Disbursement this Period 1707.80
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades PAC Fund <hr/> Mailing Address 534 S. Route 73, PO Box 73 <hr/> City Winslow State NJ Zip Code 08095 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7103 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2010
	Amount of Each Disbursement this Period 2085.98
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4307.93

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) NJ State Association of Pipe Trades PAC Fund	Transaction ID: SB29.7116 Date of Disbursement
	Mailing Address 534 S. Route 73, PO Box 73	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Winslow State NJ Zip Code 08095	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1791.96"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Senate Republican Majority	Transaction ID: SB29.7096 Date of Disbursement
	Mailing Address PO Box 3051	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Mercerville State NJ Zip Code 08619	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Southern NJ AFL-CIO COPE	Transaction ID: SB29.7129 Date of Disbursement
	Mailing Address 4212 Beacon Avenue	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Pennsauken State NJ Zip Code 08109	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1750.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6041.96"/>
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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Southern NJ Labor Advocacy Fund <hr/> Mailing Address PO Box 1065 <hr/> City State Zip Code Pennsauken NJ 08109 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7095 Date of Disbursement 07 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1750.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Stephen Dougherty for Council <hr/> Mailing Address 302 Mockingbird Land <hr/> City State Zip Code Logan Township NJ 08085 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7136 Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) The Committee to Elect Shelia Oliver <hr/> Mailing Address 45 Essex Street Suite 108 <hr/> City State Zip Code Hackensack NJ 07601 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7118 Date of Disbursement 09 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A. Full Name (Last, First, Middle Initial) UA PEC United Association <hr/> Mailing Address Three Park Place <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7091 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 853.90
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UA PEC United Association <hr/> Mailing Address Three Park Place <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7102 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1042.99
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UA PEC United Association <hr/> Mailing Address Three Park Place <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7115 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 895.98
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2792.87

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)
United Assn Journeymen & Apprent of Plumb & Pipefitting Ind Local 322 Comm for Pol Ed

A.	Full Name (Last, First, Middle Initial) Unitemized Unitemized	Transaction ID: SB29.7131 Date of Disbursement 09 / 29 / 2010
	Mailing Address 534 S Route 73	Amount of Each Disbursement this Period 450.00
	City Winslow State NJ Zip Code 08095	
	Purpose of Disbursement Get the vote out - Atlantic County Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Van Drew for Assembly	Transaction ID: SB29.7099 Date of Disbursement 07 / 21 / 2010
	Mailing Address PO Box 941	Amount of Each Disbursement this Period 1200.00
	City Cape May CH State NJ Zip Code 08210	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Woodbury Heights Democrats	Transaction ID: SB29.7107 Date of Disbursement 08 / 11 / 2010
	Mailing Address 120 Vanderbilt Avenue	Amount of Each Disbursement this Period 500.00
	City Woodbury Heights State NJ Zip Code 08097	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2150.00
TOTAL This Period (last page this line number only)	56742.76

A. Form/Schedule : **SB29**
Transaction ID : **SB29.7131**

Unitemized disbursements consists of six checks paid to individuals for canvassing Atlantic County New Jersey. Unitemized disbursements to individuals for get the vote out canvassing in the aggregate do not exceed the unitemized threshold amount of \$200.