

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer BRETT MIRSKY

Signature of Treasurer Electronically Filed by BRETT MIRSKY Date 08 02 2011

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  
PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		3996.83
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	3996.83									
(c) Total Receipts (from Line 19) .....	3309.30	3309.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7306.13	7306.13								
7. Total Disbursements (from Line 31) .....	2673.05	2673.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4633.08	4633.08								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 295 PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	3309.30	3309.30
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3309.30	3309.30
(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) .....	3309.30	3309.30
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)) .....	3309.30	3309.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3309.30	3309.30

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.....	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.....	2673.05	2673.05
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))..	2673.05	2673.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2673.05	2673.05

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) .....	3309.30	3309.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3309.30	3309.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Membership April Contributions		Date of Receipt
	Mailing Address 743 N Beach St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 12 / 2011
	City	State	Zip Code
	Daytona Beach	FL	32114
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5275
		Amount of Each Receipt this Period	
		<input type="text"/> 562.00	
Name of Employer union signatory employers		Occupation	member contributions
union signatory employers		plumbers & pipefitters	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 562.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Membership February		Date of Receipt
	Mailing Address 743 N Beach St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 03 / 2011
	City	State	Zip Code
	Daytona Beach	FL	32114
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5271
		Amount of Each Receipt this Period	
		<input type="text"/> 160.80	
Name of Employer union signatory employers		Occupation	Member contributions
union signatory employers		plumbers & pipefitters	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 160.80	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Membership June Contributions		Date of Receipt
	Mailing Address 743 N Beach St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 14 / 2011
	City	State	Zip Code
	Daytona Beach	FL	32114
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5279
		Amount of Each Receipt this Period	
		<input type="text"/> 768.78	
Name of Employer union signatory employers		Occupation	member contributions
union signatory employers		plumbers & pipefitters	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 768.78	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1491.58
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Membership March</p> <p>Mailing Address <b>743 N Beach St</b></p> <hr/> <p>City <b>Daytona Beach</b>      State <b>FL</b>      Zip Code <b>32114</b></p> <hr/> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <hr/> <p>Name of Employer union signatory employers      Occupation <b>plumbers &amp; pipefitters</b></p> <hr/> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>Aggregate Year-to-Date ▼ <b>506.66</b></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 10 / 2011</span></p> <p><b>Transaction ID: SA11AI.5273</b></p> <hr/> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">506.66</span></p> <p>member contributions</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Members May Contributions</p> <p>Mailing Address <b>743 N Beach St</b></p> <hr/> <p>City <b>Daytona Beach</b>      State <b>FL</b>      Zip Code <b>32114</b></p> <hr/> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <hr/> <p>Name of Employer union signatory employers      Occupation <b>plumbers &amp; pipefitters</b></p> <hr/> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>Aggregate Year-to-Date ▼ <b>623.60</b></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">05 / 03 / 2011</span></p> <p><b>Transaction ID: SA11AI.5278</b></p> <hr/> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">623.60</span></p> <p>member contributions</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) January Membership</p> <p>Mailing Address <b>743 N Beach St</b></p> <hr/> <p>City <b>Daytona Beach</b>      State <b>FL</b>      Zip Code <b>32114</b></p> <hr/> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <hr/> <p>Name of Employer union signatory employers      Occupation <b>plumbers &amp; Pipefitters</b></p> <hr/> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>Aggregate Year-to-Date ▼ <b>687.46</b></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">01 / 20 / 2011</span></p> <p><b>Transaction ID: SA11AI.5269</b></p> <hr/> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">687.46</span></p> <p>Member contributions</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1817.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3309.30</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BATTEN MADEWELL CPA LLC</b>	<b>Transaction ID:</b> SB29.5280 Date of Disbursement 01 / 25 / 2011	
	Mailing Address 1326 S RIDGEWOOD AVE SUITE 18		
	City DAYTONA BEACH State FL Zip Code 32114-6190	Amount of Each Disbursement this Period 125.00	
	Purpose of Disbursement Accounting fees 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>B.</b>	Full Name (Last, First, Middle Initial) <b>BEHIND THE SCENES</b>	<b>Transaction ID:</b> SB29.5284 Date of Disbursement 02 / 22 / 2011	
	Mailing Address 6159 SEQUOIA DR		
	City PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period 20.00	
	Purpose of Disbursement Accounting fees 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>C.</b>	Full Name (Last, First, Middle Initial) <b>BEHIND THE SCENES</b>	<b>Transaction ID:</b> SB29.5289 Date of Disbursement 04 / 12 / 2011	
	Mailing Address 6159 SEQUOIA DR		
	City PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period 30.00	
	Purpose of Disbursement accounting 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BEHIND THE SCENES	Transaction ID: SB29.5292
	Mailing Address 6159 SEQUOIA DR	Date of Disbursement 05 / 03 / 2011
	City PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement accounting fees 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) BEHIND THE SCENES	Transaction ID: SB29.5297
	Mailing Address 6159 SEQUOIA DR	Date of Disbursement 05 / 17 / 2011
	City PORT ORANGE State FL Zip Code 32127	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Accounting 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) ▼

C.	Full Name (Last, First, Middle Initial) Bob Buckhorn Campaign Fund	Transaction ID: SB29.5282
	Mailing Address 175 Baltic Circle	Date of Disbursement 02 / 01 / 2011
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Campaign Contributions Candidate Name Bob Buckhorn Campaign Fund	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	590.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bob Buckhorn Campaign Fund  Mailing Address 175 Baltic Circle  City Tampa State FL Zip Code 33606  Purpose of Disbursement Campaign contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) BUILDING & CONSTRUCTION TRADES  Mailing Address 815 16TH STREET NW SUITE 600  City WASHINGTON State DC Zip Code 20006  Purpose of Disbursement Conference Registration Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5288 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 450.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address 1030 Delta Blvd  City Atlanta State GA Zip Code 30354  Purpose of Disbursement travel cost Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period 143.35

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1093.35
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Marcelo Llorente	Transaction ID: SB29.5290 Date of Disbursement 04 / 19 / 2011
	Mailing Address P O Box 144200	
	City Coral Gables State FL Zip Code 33114	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Campaign 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) ▼

B.	Full Name (Last, First, Middle Initial) Eleanor Sobel	Transaction ID: SB29.5286 Date of Disbursement 03 / 02 / 2011
	Mailing Address 3700 North 54th Avenue	
	City Hollywood State FL Zip Code 33021	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Campaign contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 31	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Washington Metrorail	Transaction ID: SB29.5293 Date of Disbursement 05 / 03 / 2011
	Mailing Address 2400 S Smith Blvd	
	City Arlington State VA Zip Code 22201	Amount of Each Disbursement this Period 64.70
	Purpose of Disbursement metro tickets Candidate Name	002 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>814.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2673.05</b>