

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
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

ADDRESS (number and street) 65 SPRINGFIELD AVE
 Check if different than previously reported. (ACC)
SPRINGFIELD NJ 07081

2. **FEC IDENTIFICATION NUMBER** C00017194
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 2005 through 12 31 2005

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 Joseph Whittles

Signature of Treasurer Electronically Filed by Joseph Whittles Date 12 27 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		136767.35
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	142294.27									
(c) Total Receipts (from Line 19)	177911.00	295948.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	320205.27	432715.50								
7. Total Disbursements (from Line 31)	218792.42	331302.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101412.85	101412.85								
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

I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	176234.54	294148.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	176234.54	294148.39
(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)	176234.54	294148.39
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.)	1676.46	1799.76
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))	177911.00	295948.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	177911.00	295948.15

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12839.42	13034.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12839.42	13034.65
22. Transfers to Affiliated/Other Party Committees.....	118333.00	118333.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	17000.00
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.....	86620.00	182935.00
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))..	218792.42	331302.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	218792.42	331302.65

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)	176234.54	294148.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	176234.54	294148.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12839.42	13034.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12839.42	13034.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2005	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4880	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 338.54	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.84	

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4886	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 237.87	
Zip Code 28262-3966		Balance Adjustment	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 699.71	

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4893	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 852.82	
Zip Code 28262-3966		Balance Adjustment	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1552.53	

SUBTOTAL of Receipts This Page (optional) ▶	1429.23
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4881	
City CHARLOTTE State NC Zip Code 28262-3966	Amount of Each Receipt this Period 75.82		
FEC ID number of contributing federal political committee. C		Interest	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 1628.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4887	
City CHARLOTTE State NC Zip Code 28262-3966	Amount of Each Receipt this Period 1.09		
FEC ID number of contributing federal political committee. C		Interest	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 1629.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2005	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4882	
City CHARLOTTE State NC Zip Code 28262-3966	Amount of Each Receipt this Period 73.43		
FEC ID number of contributing federal political committee. C		Interest	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 1702.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	150.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4888	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 1.61	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1704.48	

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4894	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 0.43	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1704.91	

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4895	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 0.38	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1705.29	

SUBTOTAL of Receipts This Page (optional) ▶	2.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4883	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 48.38	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1753.67	

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4889	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 1.52	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1755.19	

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4896	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 0.84	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1756.03	

SUBTOTAL of Receipts This Page (optional) ▶	50.74
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4890	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 1.30	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1757.33	

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4884	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 13.62	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1770.95	

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address NC8502 P.O. BOX 563966		Transaction ID: SA17.4885	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 27.65	
Zip Code 28262-3966		Interest	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1798.60	

SUBTOTAL of Receipts This Page (optional) ▶	42.57
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 51	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WACHOVIA BANK, NATIONAL ASSOC.

Mailing Address NC8502
P.O. BOX 563966

City State Zip Code
CHARLOTTE NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1799.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	5

Transaction ID: SA17.4891

Amount of Each Receipt this Period
1.16

Interest

SUBTOTAL of Receipts This Page (optional)	▶	1.16
TOTAL This Period (last page this line number only)	▶	1676.46

**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 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: SB21B.4933	
Mailing Address OGDEN		Date of Disbursement 10 / 13 / 2005	
City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period 202.00
Purpose of Disbursement Income Tax		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. NEW YORK State Conference, IUOE Political		Transaction ID: SB21B.4935	
Mailing Address Office of the Secretary-Treasurer 100 South Swan Street		Date of Disbursement 07 / 18 / 2005	
City Albany	State NY	Zip Code 12210-1939	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement 1st & 2nd Quarter Assessment		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. PURCHASE POWER		Transaction ID: SB21B.4938	
Mailing Address P.O. BOIX 856042		Date of Disbursement 10 / 13 / 2005	
City LOUISVILLE	State KY	Zip Code 40285	Amount of Each Disbursement this Period 6000.00
Purpose of Disbursement Mailing Costs		007 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	9202.00
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 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. PURCHASE POWER		Transaction ID: SB21B.4940 Date of Disbursement																					
Mailing Address P.O. BOIX 856042		<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>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	7		2	0	5															
City LOUISVILLE	State KY	Zip Code 40285	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mailing Costs		007 Category/ Type	30.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. ST. PAUL TRAVELERS		Transaction ID: SB21B.4942 Date of Disbursement																					
Mailing Address CL & Specialty Remittance Ctr		<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>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	5															
City Hartford	State CT	Zip Code 06183	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Commercial Insurance		001 Category/ Type	1519.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. ST. PAUL TRAVELERS		Transaction ID: SB21B.4943 Date of Disbursement																					
Mailing Address CL & Specialty Remittance Ctr		<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>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	6		2	0	5															
City Hartford	State CT	Zip Code 06183	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Commercial Insurance		001 Category/ Type	1523.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	3072.00
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 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4899 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="49.65"/>

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4905 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="160.00"/>

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4916 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="26.12"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="235.77"/>
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)

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<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4906 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="05"/> <input type="text" value="05"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="45.50"/>

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4914 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="05"/> <input type="text" value="05"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2.19"/>

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4900 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="31"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="05"/> <input type="text" value="05"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="52.69"/>
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 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4907 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	5													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Fees	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

40.81

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4901 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	1		2	0	0	5													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Fees	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4908 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	1		2	0	0	5													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Fees	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

40.51

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>86.32</td></tr></table>	86.32
86.32		
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 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4918 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5.00"/>

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4919 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5.00"/>

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4902 Date of Disbursement
Mailing Address NC8502 P.O. BOX 563966		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
City CHARLOTTE	State NC	Zip Code 28262-3966
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15.00"/>
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)

PAGE 18 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4909 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	1		2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	40.24																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4910 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	1		2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	40.24																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4911 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	0		2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	21.53																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	102.01
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 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

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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4920 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	0	/	2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	5.00																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4903 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	5.00																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4912 Date of Disbursement																					
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	21.53																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	31.53
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 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4904 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		3	1		2	0	0	5													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Fees	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>5.00</td></tr></table>	5.00																			
5.00																						

Full Name (Last, First, Middle Initial) B. WACHOVIA BANK, NATIONAL ASSOC.		Transaction ID: SB21B.4913 Date of Disbursement																				
Mailing Address NC8502 P.O. BOX 563966		<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		3	1		2	0	0	5													
City CHARLOTTE	State NC	Zip Code 28262-3966																				
Purpose of Disbursement Bank Fees	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>37.10</td></tr></table>	37.10																			
37.10																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>42.10</td></tr></table>	42.10
42.10		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>12839.42</td></tr></table>	12839.42
12839.42		

**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 checked="" 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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEER

Mailing Address 1125 17TH ST. NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Direct Contribution

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2005
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.4950

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

81667.00

Full Name (Last, First, Middle Initial)

B. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEER

Mailing Address 1125 17TH ST. NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Direct Contribution

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2005
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.4951

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

16667.00

Full Name (Last, First, Middle Initial)

C. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEER

Mailing Address 1125 17TH ST. NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Direct Contribution

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2005
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.4952

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

19999.00

SUBTOTAL of Disbursements This Page (optional) ►

118333.00

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

118333.00

**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)

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<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

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NAME OF COMMITTEE (In Full)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Transaction ID: SB23.4856	
Mailing Address PO BOX 3176		Date of Disbursement 09 / 28 / 2005	
City LONG BRANCH	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Direct Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 06		

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00

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)

PAGE 23 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. Atlantic & Cape May County CLC Cope Fund		Transaction ID: SB29.4785 Date of Disbursement
Mailing Address P.O. Box 1118		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Hammonton	State NJ	Zip Code 08037
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="450.00"/>

Full Name (Last, First, Middle Initial) B. BERGEN COPE		Transaction ID: SB29.4819 Date of Disbursement
Mailing Address 205 Robin Road Suite 220		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City Paramus	State NJ	Zip Code 07652
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. BOB LEVY FOR MAYOR		Transaction ID: SB29.4694 Date of Disbursement
Mailing Address		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City	State	Zip Code
Purpose of Disbursement Direct Contribution-Atlantic City	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1950.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAMPAIGN TO ELECT LENI BINDER		Transaction ID: SB29.4720
Mailing Address		Date of Disbursement MM / DD / YYYY 07 / 26 / 2005
City	State	Zip Code
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period 500.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CHENANGO COUNTY REPUBLICAN COMMITTEE		Transaction ID: SB29.4708
Mailing Address 72 WEST MAIN STREET		Date of Disbursement MM / DD / YYYY 07 / 13 / 2005
City	State	Zip Code
NORWICH	NY	13815
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period 550.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CITIZENS FOR DIANA		Transaction ID: SB29.4758
Mailing Address P.O. Box 4199		Date of Disbursement MM / DD / YYYY 10 / 21 / 2005
City	State	Zip Code
Middletown	NY	10941
Purpose of Disbursement Direct Contributions		Amount of Each Disbursement this Period 300.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	1350.00
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 25 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CITIZENS FOR TOM MORAHAN		Transaction ID: SB29.4712 Date of Disbursement 07 / 20 / 2005
Mailing Address P.O. Box 307		Amount of Each Disbursement this Period 1200.00
City West Nyak	State NY Zip Code 10994	
Purpose of Disbursement Golf Foursome		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CITIZENS TO ELECT SHARPE JAMES		Transaction ID: SB29.4774 Date of Disbursement 07 / 06 / 2005
Mailing Address P.O. Box 20179		Amount of Each Disbursement this Period 350.00
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Dinner Tickets		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CMTE. TO ELECT ASM. VINCENT PRIETO		Transaction ID: SB29.4828 Date of Disbursement 09 / 26 / 2005
Mailing Address P.O. BOX 2061		Amount of Each Disbursement this Period 1000.00
City Secaucus	State NJ Zip Code 07096	
Purpose of Disbursement Dinner Tickets		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2550.00
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 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE. To EIECT KIMBLE, KENNEDY & MASI		Transaction ID: SB29.4692 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 600.00
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		<input type="checkbox"/> 011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CMTE. TO ELECT NICK WOERNER		Transaction ID: SB29.4724 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		<input type="checkbox"/> 011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CMTE. TO ELECT NORRIS, WILSON & DEY		Transaction ID: SB29.4791 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address Absecon Democrat Club P.O. Box 1834		Amount of Each Disbursement this Period 200.00
City	State Zip Code	
Purpose of Disbursement Direct Contribution		<input type="checkbox"/> 011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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)

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE. TO ELECT VETRANO FOR FREEHOLDER		Transaction ID: SB29.4850 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 12 Potts Road		Amount of Each Disbursement this Period 400.00
City Newton State NJ Zip Code 07860	011 Category/ Type	
Purpose of Disbursement Dinner Tickets Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. CMTE. TO RE-ELECT BONNIE KRAHAM		Transaction ID: SB29.4716 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 1003		Amount of Each Disbursement this Period 250.00
City Goshen State NY Zip Code 10924	011 Category/ Type	
Purpose of Disbursement Direct Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. CMTE. TO RE-ELECT BRUCE CROWE		Transaction ID: SB29.4797 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 200.00
City Mullica Township State NJ Zip Code 08217	011 Category/ Type	
Purpose of Disbursement Direct Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	850.00
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

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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE. TO RE-ELECT CAROL CLARK		Transaction ID: SB29.4848 Date of Disbursement
Mailing Address c/o G. Ponder, Treasurer 466 North Maple Avenue		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City East Orange	State NJ	Zip Code 07017
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. CMTE. TO RE-ELECT KEN HAESER		Transaction ID: SB29.4803 Date of Disbursement
Mailing Address 1220 11th Avenue		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Dorothy	State NJ	Zip Code 08317
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) C. CMTE TO ELECT BERNARD COHEN		Transaction ID: SB29.4748 Date of Disbursement
Mailing Address		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City	State	Zip Code
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="300.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
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)

PAGE 29 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE TO ELECT BRIAN DUBOIS		Transaction ID: SB29.4740 Date of Disbursement
Mailing Address		<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Direct Contribution		<input type="text" value="300.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CMTE TO ELECT DANIEL STURM		Transaction ID: SB29.4738 Date of Disbursement
Mailing Address		<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Direct Contribution		<input type="text" value="300.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CMTE TO ELECT FRANCIS PHILLIPS		Transaction ID: SB29.4756 Date of Disbursement
Mailing Address		<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Direct Contribution		<input type="text" value="300.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="900.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE TO ELECT MICHAEL MIRANDA		Transaction ID: SB29.4746 Date of Disbursement
Mailing Address		<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Direct Contribution		<input type="text" value="300.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CMTE TO ELECT NINA POSTUPACK		Transaction ID: SB29.4764 Date of Disbursement
Mailing Address		<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Dinner Tickets		<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	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CMTE TO RE-ELECT PAULA LEONARD		Transaction ID: SB29.4754 Date of Disbursement
Mailing Address		<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Direct Contribution		<input type="text" value="300.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1100.00"/>
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. CMTE TO REELECT HECTOR CORCHADO COUNCIL		Transaction ID: SB29.4841 Date of Disbursement
Mailing Address 666 Mt. Prospect Avenue P.O. Box 306		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Newark	State NJ	Zip Code 07104
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	Amount of Each Disbursement this Period <input type="text" value="600.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. cOMMITTEE TO ELECT JEANETTE PROVENZANO		Transaction ID: SB29.4742 Date of Disbursement
Mailing Address		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City	State	Zip Code
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	Amount of Each Disbursement this Period <input type="text" value="300.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT RICH BENJAMIN, JR		Transaction ID: SB29.4750 Date of Disbursement
Mailing Address		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City	State	Zip Code
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	Amount of Each Disbursement this Period <input type="text" value="300.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1200.00"/>
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEMOCRATS 2000		Transaction ID: SB29.4781 Date of Disbursement 07 / 26 / 2005
Mailing Address P.O. Box 31		Amount of Each Disbursement this Period 1000.00
City Jamesburg State NJ Zip Code 08831	Purpose of Disbursement Grand Slam Sponsor Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) B. DENNIS MCNERNEY BERGEN CTY EXECUTIVE 06		Transaction ID: SB29.4813 Date of Disbursement 09 / 08 / 2005
Mailing Address 50 Main Street		Amount of Each Disbursement this Period 900.00
City Hackensack State NJ Zip Code 07601	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) C. DISTRICT 9 LEGISLATORS		Transaction ID: SB29.4766 Date of Disbursement 10 / 21 / 2005
Mailing Address		Amount of Each Disbursement this Period 300.00
City State Zip Code	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	2200.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. EAST HANOVER MAYOR'S GALA		Transaction ID: SB29.4811 Date of Disbursement
Mailing Address P.O. Box 104		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City East Hanover	State NJ	Zip Code 07936
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. EFO-DOUGHERTY AND WEIL		Transaction ID: SB29.4776 Date of Disbursement
Mailing Address 12 Meehan Blvd.		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2005"/>
City Clementon	State NJ	Zip Code 08021
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. EFO ADLER, KURZWEIL, FALCONE & POLANSKY		Transaction ID: SB29.4826 Date of Disbursement
Mailing Address P.O. Box 2923		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City Cherry Hill	State NJ	Zip Code 08034
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3100.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. ELECTION FUND OF ASSEMBLYMAN SEAN KEAN		Transaction ID: SB29.4820 Date of Disbursement
Mailing Address P.O. Box 605		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City Belmar	State NJ	Zip Code 07719
Purpose of Disbursement Direct Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="8200.00"/>	

Full Name (Last, First, Middle Initial) B. ELECTION FUND OF FRANCIS BLEE		Transaction ID: SB29.4809 Date of Disbursement
Mailing Address 111 North Shore Road		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Absecon	State NJ	Zip Code 08201
Purpose of Disbursement Direct Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Election Fund of Joe Pennacchio		Transaction ID: SB29.4824 Date of Disbursement
Mailing Address PO Box 398		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City Cedar Knolls	State NJ	Zip Code 07927
Purpose of Disbursement Dinner Tickets		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="1400.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10100.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. Election Fund of Joseph V. Egan		Transaction ID: SB29.4843 Date of Disbursement
Mailing Address 61 Ochs Avenue		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Milltown	State NJ	Zip Code 08850
Purpose of Disbursement Direct Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. ELECTION FUND OF PAUL A. SARLO		Transaction ID: SB29.4852 Date of Disbursement
Mailing Address 9 Lincoln Avenue		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Rutherford	State NJ	Zip Code 07071
Purpose of Disbursement Direct Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Election Fund of Ralph Caputo		Transaction ID: SB29.4688 Date of Disbursement
Mailing Address		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City	State	Zip Code
Purpose of Disbursement Dinner Tickets		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4300.00"/>
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)

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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

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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. ELECTION FUND OF SENATOR CODEY		Transaction ID: SB29.4837 Date of Disbursement
Mailing Address 449 Mt. Pleasant Avenue Suite 102		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City West Orange	State NJ	Zip Code 07052
Purpose of Disbursement Dinner Tickets		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. ELECTION FUND OF SUE BARBER		Transaction ID: SB29.4793 Date of Disbursement
Mailing Address P.O. Box 13		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Richland	State NJ	Zip Code 08350
Purpose of Disbursement Direct Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="200.00"/>	

Full Name (Last, First, Middle Initial) C. ELECTION FUND OF THOMAS GIBLIN		Transaction ID: SB29.4834 Date of Disbursement
Mailing Address P.O. Box 43062		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Upper Montclair	State NJ	Zip Code 07043
Purpose of Disbursement Dinner Tickets		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4700.00"/>
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)

PAGE 37 / 51

<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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. Franckle For Sheriff		Transaction ID: SB29.4690 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ALEX GROMACK		Transaction ID: SB29.4706 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 5
Mailing Address 23 Reginald Drive		Amount of Each Disbursement this Period 700.00
City	State Zip Code	
Purpose of Disbursement Dinner Tickets		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. FRIENDS OF ASM. MAJORITY LEADER JOE ROBER		Transaction ID: SB29.4817 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 1362		Amount of Each Disbursement this Period 8200.00
City	State Zip Code	
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	9400.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF ASSEMBLYWOMAN MCHOSE		Transaction ID: SB29.4814 Date of Disbursement
Mailing Address P.O. Box 23		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>
City Franklin	State NJ	Zip Code 07416
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="900.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Bill Baroni		Transaction ID: SB29.4835 Date of Disbursement
Mailing Address PO Box 3205		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
City Hamilton	State NJ	Zip Code 08619
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="8200.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF CLIFF CROUCH		Transaction ID: SB29.4722 Date of Disbursement
Mailing Address P.O. Box 7334		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City Albany	State NY	Zip Code 12224
Purpose of Disbursement Golf Sponsorship	<input type="text" value="011"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="750.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9850.00"/>
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF ED MCGEE FOR FREEHOLDER		Transaction ID: SB29.4787 Date of Disbursement
Mailing Address 131 Sylvan Avenue		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Galloway	State NJ	Zip Code 08205
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. FRIENDS OF KIRK CONOVER		Transaction ID: SB29.4805 Date of Disbursement
Mailing Address 109 New Jersey Avenue		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Absecon	State NJ	Zip Code 08203
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. FRIENDS OF MELISSA BONACIC		Transaction ID: SB29.4728 Date of Disbursement
Mailing Address P.O. BOX 816		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
City PORT JERVIS	State NY	Zip Code 12771
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1600.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF SCOTT VANDERHOEF		Transaction ID: SB29.4759 Date of Disbursement																					
Mailing Address P.O. Box 472		<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>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	1		2	0	0	5														
City New City	State NY	Zip Code 10956	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Contribution		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																	
011																							
Category/ Type																							
300.00																							
Candidate Name																							
Office Sought:	Disbursement For: 2005																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF SPEZIALE		Transaction ID: SB29.4783 Date of Disbursement																					
Mailing Address 1146 Valley Road, Apt. 1A		<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>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	5														
City Wayne	State NJ	Zip Code 07470	Amount of Each Disbursement this Period																				
Purpose of Disbursement Golf Foursome		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type	<table border="1"> <tr> <td>1140.00</td> </tr> </table>	1140.00																	
011																							
Category/ Type																							
1140.00																							
Candidate Name																							
Office Sought:	Disbursement For: 2005																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF THE TOWN OF HAVERSTRAW DEMOCRA		Transaction ID: SB29.4714 Date of Disbursement																					
Mailing Address c/o Howard Phillips, Jr. 42 R Main Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	0		2	0	0	5														
City Garnerville	State NY	Zip Code 10923	Amount of Each Disbursement this Period																				
Purpose of Disbursement Golf Foursome		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type	<table border="1"> <tr> <td>440.00</td> </tr> </table>	440.00																	
011																							
Category/ Type																							
440.00																							
Candidate Name																							
Office Sought:	Disbursement For: 2005																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	1880.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. HAMILTON DEMOCRATIC UNITY		Transaction ID: SB29.4686 Date of Disbursement
Mailing Address 6016 Main Street		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
City Mays Landing	State NJ	Amount of Each Disbursement this Period
Zip Code		<input type="text" value="1000.00"/>
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HUGHES FOR MERCER COUNTY EXECUTIVE		Transaction ID: SB29.4778 Date of Disbursement
Mailing Address 50 West State Street		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2005"/>
City Trenton	State NJ	Amount of Each Disbursement this Period
Zip Code 08608		<input type="text" value="1750.00"/>
Purpose of Disbursement Golf Sponsorship	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Latino Democratic Committee of Orange Cou		Transaction ID: SB29.4732 Date of Disbursement
Mailing Address P.O. Box 1145		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>
City Monroe	State NY	Amount of Each Disbursement this Period
Zip Code 10949		<input type="text" value="500.00"/>
Purpose of Disbursement Patron Sponsor	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3250.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. LEVINSON FOR EXECUTIVE		Transaction ID: SB29.4807 Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2005
Mailing Address c/o F.A. Barbera 3106 Atlantic Avenue		Amount of Each Disbursement this Period 500.00
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Direct Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011
State: District:		

Full Name (Last, First, Middle Initial) B. LORENZO BORDEN FOR TOWNSHIP CMTE.		Transaction ID: SB29.4795 Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2005
Mailing Address 30 N. Mt. Airy Avenue		Amount of Each Disbursement this Period 200.00
City Egg Harbor Townshi State NJ Zip Code 08234	Purpose of Disbursement Direct Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011
State: District:		

Full Name (Last, First, Middle Initial) C. MANZO FOR ASSEMBLY		Transaction ID: SB29.4822 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2005
Mailing Address P.O. Box 3945		Amount of Each Disbursement this Period 2000.00
City Jersey City State NJ Zip Code 07303	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2700.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. MONMOUTH COUNTY REPUBLICAN CMTE.		Transaction ID: SB29.4696 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 350.00
City	State Zip Code	
Purpose of Disbursement Cocktail Reception	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. New Democratic Assembly Leadership PAC		Transaction ID: SB29.4815 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 3503		Amount of Each Disbursement this Period 2000.00
City Cherry Hill	State NJ Zip Code 08034	
Purpose of Disbursement Direct Contribution	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. ORANGE COUNTY DEMOCRATIC CMTE.		Transaction ID: SB29.4726 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address c/o Jonathan Jacobson, Cty Chair 843 Union Avenue-2nd Floor		Amount of Each Disbursement this Period 500.00
City New Windsor	State NY Zip Code 12553	
Purpose of Disbursement Patron Sponsorship	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2850.00
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. PLEASANTVILLE DEMOCRAT CLUB RICK CISTRUNK		Transaction ID: SB29.4799 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 007		Amount of Each Disbursement this Period 200.00
City Pleasantville State NJ Zip Code 08232	Purpose of Disbursement Direct 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) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) B. RE-ELECT FRANK DART		Transaction ID: SB29.4761 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 135 SECOND AVE.		Amount of Each Disbursement this Period 300.00
City KINGSTON State NY Zip Code 12401	Purpose of Disbursement Direct Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) C. SAM THOMPSON FOR ASSEMBLY		Transaction ID: SB29.4833 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5
Mailing Address 5 Lincroft Avenue		Amount of Each Disbursement this Period 1000.00
City Old Bridge State NJ Zip Code 08857	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. SCHAER FOR ASSEMBLY		Transaction ID: SB29.4830 Date of Disbursement
Mailing Address P.O. Box 5368		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
City Passaic	State NJ	Zip Code 07055
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. SOMERS POINT COUNCIL CAMPAIGN 2005		Transaction ID: SB29.4801 Date of Disbursement
Mailing Address 9 Malvern Road		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Somers Point	State NJ	Zip Code 08244
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. SOUTHERN NJ AFL-CIO COPE		Transaction ID: SB29.4832 Date of Disbursement
Mailing Address 4212 Beacon Avenue		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City Pennsauken	State NJ	Zip Code 08109
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2700.00"/>
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. SPITZER 2006		Transaction ID: SB29.4770 Date of Disbursement
Mailing Address 330 Madison Avenue 19th Floor		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City New York	State NY	Zip Code 10017
Purpose of Disbursement Direct Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. STEVE SWEENEY FOR FREEHOLDER		Transaction ID: SB29.4779 Date of Disbursement
Mailing Address 300 North Marion Avenue		<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Wenonah	State NJ	Zip Code 08090
Purpose of Disbursement Dinner Tickets		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) C. SULLIVAN COUNTY CONSERVATIVE PARTY		Transaction ID: SB29.4752 Date of Disbursement
Mailing Address 365 Breezy Hill Road		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Parkville	State NY	Zip Code 12768
Purpose of Disbursement Dinner Tickets		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="550.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7550.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. SULLIVAN COUNTY DEMOCRATIC COMMITTEE		Transaction ID: SB29.4768 Date of Disbursement
Mailing Address PO Box 502		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Kiamesha Lake	State NY	Zip Code 12751
Purpose of Disbursement Dinner tickets	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. SUTTON FOR FREEHOLDER		Transaction ID: SB29.4789 Date of Disbursement
Mailing Address 503 Dogwood Avenue		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Egg Harbor Townshi	State NJ	Zip Code 08234
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. TEAM FOR THOMPSON-TDC		Transaction ID: SB29.4736 Date of Disbursement
Mailing Address P.O. Box 947		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City Monticello	State NY	Zip Code 12701
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1550.00"/>
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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. THE CMTE TO ELECT ROCKY SECRETO		Transaction ID: SB29.4744
Mailing Address		Date of Disbursement 10 / 06 / 2005
City	State	Zip Code
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 300.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. THOMPSON DEMOCRATIC COMMITTEE		Transaction ID: SB29.4734
Mailing Address P.O. Box 403		Date of Disbursement 09 / 28 / 2005
City	State	Zip Code
Harris	NY	12742
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period 650.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Ulster County Democratic Committee		Transaction ID: SB29.4730
Mailing Address 38 1/2 John Street		Date of Disbursement 09 / 15 / 2005
City	State	Zip Code
Kingston	NY	12401
Purpose of Disbursement Golf Outing/Tee Sponsorship		Amount of Each Disbursement this Period 500.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER:
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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ulster County Democratic Committee		Transaction ID: SB29.4762 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 38 1/2 John Street		Amount of Each Disbursement this Period 500.00
City Kingston State NY Zip Code 12401	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. ULSTER COUNTY DEMOCRATIC WOMEN		Transaction ID: SB29.4718 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 5
Mailing Address P.O Box 4464		Amount of Each Disbursement this Period 250.00
City Kingston State NY Zip Code 12402	Purpose of Disbursement Dinner Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. VAN DREW-ALBANO ASSEMBLY		Transaction ID: SB29.4684 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address Route 9		Amount of Each Disbursement this Period 500.00
City Cape May Court Hou State NJ Zip Code	Purpose of Disbursement Direct Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WAYNE DEANGELO FOR COUNCIL		Transaction ID: SB29.4845 Date of Disbursement
Mailing Address 87 Argonne Avenue		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Yardville	State NJ	Zip Code 08620
Purpose of Disbursement Direct Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. WHARTON REPUBLICAN CLUB		Transaction ID: SB29.4772 Date of Disbursement
Mailing Address 11 WEST DEWEY AVE.		<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WHARTON	State NJ	Zip Code 07885
Purpose of Disbursement Dinner Tickets	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="440.00"/>

Full Name (Last, First, Middle Initial) C. WHELAN & TYNER FOR ASSEMBLY		Transaction ID: SB29.4846 Date of Disbursement
Mailing Address P.O. Box 362		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Northfield	State NJ	Zip Code 08225
Purpose of Disbursement Direct Contribution-Assembly District 2	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1940.00"/>
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)

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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)
I.U.O.E. LOCAL 825 POLITICAL ACTION AND EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial) A. WRRO		Transaction ID: SB29.4839																					
Mailing Address P.O. Box 672		Date of Disbursement																					
City Wayne State NJ Zip Code 07474		<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>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	5		2	0	0	5														
Purpose of Disbursement Dinner Tickets		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">550.00</td> </tr> </table>		550.00																			
550.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		011																					
Disbursement For: 2005		Type																					
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																							
<input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional)	550.00
TOTAL This Period (last page this line number only)	86620.00