

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

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

2. **FEC IDENTIFICATION NUMBER** C00386821
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer JAMES P ELDER

Signature of Treasurer Electronically Filed by JAMES P ELDER Date 04 11 2007

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

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		344395.60
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	462953.10									
(c) Total Receipts (from Line 19)	1674.83	165891.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	464627.93	510286.79								
7. Total Disbursements (from Line 31)	71298.99	116957.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	393328.94	393328.94								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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)	0.00	164216.36
(ii) Unitemized	0.00	164216.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	164216.36
(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) ▶	0.00	164216.36
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	1674.83	1674.83
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1674.83	165891.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1674.83	165891.19

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.....	22696.99	24464.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	22696.99	24464.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
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.....	42602.00	86493.30
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))..	71298.99	116957.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	71298.99	116957.85

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)	0.00	164216.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	164216.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22696.99	24464.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22696.99	24464.55

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 40	
	(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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BUILDING AND CONSTRUCTION TRADE COUNCIL

Mailing Address 71 WEST 23RD STREET

City State Zip Code
NEW YORK NY 10011

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1674.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	6

Transaction ID: SA16.6078

Amount of Each Receipt this Period
1674.83

REFUND OF DUPLICATE PAYMENT

SUBTOTAL of Receipts This Page (optional)	▶	1674.83
TOTAL This Period (last page this line number only)	▶	1674.83

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.5977	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Date of Disbursement 04 / 06 / 2006	
City ROCKY POINT	State NY	Zip Code 11778	Amount of Each Disbursement this Period 78.80
Purpose of Disbursement TELEPHONE	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.5985	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Date of Disbursement 04 / 10 / 2006	
City ROCKY POINT	State NY	Zip Code 11778	Amount of Each Disbursement this Period 112.00
Purpose of Disbursement TRAVEL	002 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.6306	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Date of Disbursement 04 / 13 / 2006	
City ROCKY POINT	State NY	Zip Code 11778	Amount of Each Disbursement this Period 127.00
Purpose of Disbursement EXPENSE REIMBURSEMENT SEE MEMO	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	317.80
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.5988 Date of Disbursement 04 / 21 / 2006
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 159.50
City ROCKY POINT State NY Zip Code 11778	[002] Category/ Type	
Purpose of Disbursement EXPENSE REIMBURSEMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5988.0 Date of Disbursement 04 / 20 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 25.00
City FARMINGVILLE State NY Zip Code 11738	[001] Category/ Type	
Purpose of Disbursement GASOLINE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5988.3 Date of Disbursement 04 / 14 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 25.00
City FARMINGVILLE State NY Zip Code 11738	[001] Category/ Type	
Purpose of Disbursement GASOLINE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	159.50
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5988.6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 26.00
City FARMINGVILLE State NY Zip Code 11738	[MEMO ITEM]	
Purpose of Disbursement GASOLINE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.5989 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 125.76
City ROCKY POINT State NY Zip Code 11778	[MEMO ITEM]	
Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5989.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 25.01
City FARMINGVILLE State NY Zip Code 11738	[MEMO ITEM]	
Purpose of Disbursement GASOLINE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	125.76
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5989.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 26.25	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	001 Category/ Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5989.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 25.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	001 Category/ Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.5990 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 197.01	
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENT	002 Category/ Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	197.01
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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5990.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 24.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	001 Category/ Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5990.2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 22.25	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	001 Category/ Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5990.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 25.50	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	001 Category/ Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.5991	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Date of Disbursement 05 / 19 / 2006	
City ROCKY POINT	State NY	Zip Code 11778	Amount of Each Disbursement this Period 126.76
Purpose of Disbursement EXPENSE REIMBURSEMENT		002 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5991.1	
Mailing Address 1801 N OCEAN AVE		Date of Disbursement 05 / 05 / 2006	
City FARMINGVILLE	State NY	Zip Code 11738	Amount of Each Disbursement this Period 20.01
Purpose of Disbursement GASOLINE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5991.2	
Mailing Address 1801 N OCEAN AVE		Date of Disbursement 05 / 03 / 2006	
City FARMINGVILLE	State NY	Zip Code 11738	Amount of Each Disbursement this Period 23.50
Purpose of Disbursement GASOLINE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	126.76
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5991.3 Date of Disbursement 05 / 02 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 25.25
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5991.4 Date of Disbursement 05 / 03 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 22.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.5992 Date of Disbursement 05 / 22 / 2006
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 134.50
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

134.50

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5992.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5992.2 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 27.50
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5992.4 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 21.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.5993 Date of Disbursement																					
Mailing Address 75 ROCKY POINT YAPHANK ROAD		<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>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	6														
City ROCKY POINT	State NY	Zip Code 11778	Amount of Each Disbursement this Period																				
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type 002	155.47																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5993.0 Date of Disbursement																					
Mailing Address 1801 N OCEAN AVE		<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>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	0		2	0	0	6														
City FARMINGVILLE	State NY	Zip Code 11738	Amount of Each Disbursement this Period																				
Purpose of Disbursement GASOLINE		Category/ Type 001	15.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5993.1 Date of Disbursement																					
Mailing Address 1801 N OCEAN AVE		<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>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	6		2	0	0	6														
City FARMINGVILLE	State NY	Zip Code 11738	Amount of Each Disbursement this Period																				
Purpose of Disbursement GASOLINE		Category/ Type 001	15.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	155.47
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5993.2 Date of Disbursement 05 / 25 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 16.05
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5993.3 Date of Disbursement 05 / 24 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5993.4 Date of Disbursement 05 / 19 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5993.5 Date of Disbursement MM / DD / YYYY 05 / 20 / 2006	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	Category/Type 001	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5993.6 Date of Disbursement MM / DD / YYYY 05 / 21 / 2006	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 16.00	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	Category/Type 001	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.5994 Date of Disbursement MM / DD / YYYY 06 / 14 / 2006	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 106.01	
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENT	Category/Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	106.01
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)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5994.0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	[MEMO ITEM]	
Purpose of Disbursement GASOLINE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5994.3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.01
City FARMINGVILLE State NY Zip Code 11738	[MEMO ITEM]	
Purpose of Disbursement GASOLINE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5994.4 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	[MEMO ITEM]	
Purpose of Disbursement GASOLINE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 19 / 40

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN GALLAGHER		Transaction ID: SB21B.5996 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 143.26
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5996.0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 19.26
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5996.2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	143.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 40

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5996.4 Date of Disbursement 06 / 06 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 16.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5996.5 Date of Disbursement 06 / 08 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 14.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 001		

Full Name (Last, First, Middle Initial) C. JOHN GALLAGHER		Transaction ID: SB21B.5997 Date of Disbursement 06 / 22 / 2006
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 61.50
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 002		

SUBTOTAL of Disbursements This Page (optional) ▶

61.50

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5997.0 Date of Disbursement MM / DD / YYYY 06 / 21 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5997.1 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 15.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5997.2 Date of Disbursement MM / DD / YYYY 06 / 14 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 16.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5997.3 Date of Disbursement 06 / 19 / 2006	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 10.50	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. JOHN GALLAGHER		Transaction ID: SB21B.5998 Date of Disbursement 06 / 28 / 2006	
Mailing Address 75 ROCKY POINT YAPHANK ROAD		Amount of Each Disbursement this Period 169.42	
City ROCKY POINT State NY Zip Code 11778	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MTA BRIDGE AND TUNNEL		Transaction ID: SB21B.5998.0 Date of Disbursement 06 / 24 / 2006	
Mailing Address		Amount of Each Disbursement this Period 18.00	
City NEW YORK State NY Zip Code	Purpose of Disbursement BRIDGE TOLLS Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	169.42
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5998.1 Date of Disbursement 06 / 26 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 20.11
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. HESS		Transaction ID: SB21B.5998.2 Date of Disbursement 06 / 24 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 17.50
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HESS		Transaction ID: SB21B.5998.4 Date of Disbursement 06 / 17 / 2006
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 17.00
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS		Transaction ID: SB21B.5998.7 Date of Disbursement 06 / 22 / 2006	
Mailing Address 1801 N OCEAN AVE		Amount of Each Disbursement this Period 12.25	
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement GASOLINE	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.5998.8 Date of Disbursement 06 / 16 / 2006	
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 45.36	
City ALBANY State NY Zip Code 12250	Purpose of Disbursement TELEPHONE	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. MULLIGAN & GROTE CPA PC		Transaction ID: SB21B.5984 Date of Disbursement 05 / 04 / 2006	
Mailing Address 131 TULIP AVE		Amount of Each Disbursement this Period 21000.00	
City FLORAL PARK State NY Zip Code 11001	Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	21000.00
TOTAL This Period (last page this line number only)	22696.99

**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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CROWLEY FOR CONGRESS		Transaction ID: SB23.6001 Date of Disbursement
Mailing Address 84-56 Grand Avenue		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Elmhurst	State NY	Zip Code 11373
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 07	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF CAROLYN MCCARTHY FED PAC		Transaction ID: SB23.6000 Date of Disbursement
Mailing Address 38 IVY ST SE		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name FRIENDS OF CAROLYN MCCARTHY FED PAC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 6	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. 504 DEMOCRATIC CLUB		Transaction ID: SB29.6009 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 32-32 48TH AVE		Amount of Each Disbursement this Period 150.00
City LONG ISLAND CITY	State NY Zip Code 11101	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. BISHOP FOR CONGRESS		Transaction ID: SB29.6004 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO BOX 437		Amount of Each Disbursement this Period 2500.00
City FARMINGVILLE	State NY Zip Code 11738	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:		

Full Name (Last, First, Middle Initial) C. BRONX DEMO COUNY COMM		Transaction ID: SB29.6043 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 135 WESTCHESTER SQ		Amount of Each Disbursement this Period 1500.00
City BRONX	State NY Zip Code 10461	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4150.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BUILDING AND CONSTRUCTION TRADE COUNCIL

Mailing Address 71 WEST 23RD STREET

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6033

Date of Disbursement

05 / 05 / 2006

Amount of Each Disbursement this Period

2084.00

Full Name (Last, First, Middle Initial)

B. CARRION 2005

Mailing Address 895 BROADWAY
5TH FLOOR

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6017

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CARRION 2005

Mailing Address 895 BROADWAY
5TH FLOOR

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB29.6056

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) ►

2884.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CHIPPEWA DEMOCRATIC CLUB		Transaction ID: SB29.6062 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 1447 FERRIS PLACE		Amount of Each Disbursement this Period 600.00	
City BRONX	State NY	Zip Code 10461	011 Category/ Type
Purpose of Disbursement POLITICAL CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. CITIZENS FOR BRIAN FOLEY		Transaction ID: SB29.6065 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address PO BOX 215		Amount of Each Disbursement this Period 500.00	
City EAST SETAUKET	State NY	Zip Code 11733	011 Category/ Type
Purpose of Disbursement POLITICAL CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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 BILL HOLST		Transaction ID: SB29.6050 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address PO BOX 469		Amount of Each Disbursement this Period 198.00	
City SMITHTOWN	State NY	Zip Code 11787	011 Category/ Type
Purpose of Disbursement POLITICAL CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	1298.00
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 29 / 40

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MAZIARZ STATE SENATE

Mailing Address 3280 CRAIG DRIVE

City TONAWANDA State NY Zip Code 14120

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6052

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COMM TO ELECT JUDGE PANEPINTO

Mailing Address 818 DAVIS AVE

City STATEN ISLAND State NY Zip Code 10310

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
COMM TO ELECT JUDGE PANEPINTO

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6005

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CARL HEASTIS

Mailing Address 75 DOVE ST

City ALBANY State NY Zip Code 12210

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6015

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF CATHERINE NOLAN		Transaction ID: SB29.6024	
Mailing Address PO BOX 648698		Date of Disbursement MM / DD / YYYY 04 / 25 / 2006	
City OAKLAND	State NY	Zip Code 11364	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement POLITICAL 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: 2006 <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 FRANK PATRONI		Transaction ID: SB29.6041	
Mailing Address PO BOX 1642		Date of Disbursement MM / DD / YYYY 05 / 16 / 2006	
City HUNTINGTON STA	State NY	Zip Code 11746	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement POLITICAL 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: 2006 <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 HYER SPENCER		Transaction ID: SB29.6066	
Mailing Address PO BOX 80112		Date of Disbursement MM / DD / YYYY 06 / 26 / 2006	
City STATEN ISLAND	State NY	Zip Code 10308	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement POLITICAL 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARTIN LEOVIE		Transaction ID: SB29.6047 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 61 YALE ST		Amount of Each Disbursement this Period 300.00
City WILLISTON PARK	State NY Zip Code 11596	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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 MARTY GOLDEN		Transaction ID: SB29.6059 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 9306 4TH AVE		Amount of Each Disbursement this Period 1000.00
City BROOKLYN	State NY Zip Code 11209	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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 STEVE LEVY		Transaction ID: SB29.6037 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address PO BOX 980		Amount of Each Disbursement this Period 2500.00
City BAYPORT	State NY Zip Code 11705	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3800.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF STEVE LEVY		Transaction ID: SB29.6039 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address PO BOX 980		Amount of Each Disbursement this Period 500.00
City BAYPORT State NY Zip Code 11705	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF TOM DINAPOLI		Transaction ID: SB29.6035 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address PO BOX 252		Amount of Each Disbursement this Period 1500.00
City GREAT NECK State NY Zip Code 11022	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF TOM DINAPOLI		Transaction ID: SB29.6036 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address PO BOX 252		Amount of Each Disbursement this Period 500.00
City GREAT NECK State NY Zip Code 11022	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GALLAGHER NEW YORK		Transaction ID: SB29.6025 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address PO BOX 790187		Amount of Each Disbursement this Period 450.00
City MIDDLE VILLAGE	State NY Zip Code 11379	
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GLORIA FOR NEW YORK		Transaction ID: SB29.6027 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address PO BOX 77080		Amount of Each Disbursement this Period 1000.00
City WOODSIDE	State NY Zip Code 11377	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HEANEY FOR SUPERVISOR		Transaction ID: SB29.6045 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO BOX 1336		Amount of Each Disbursement this Period 225.00
City HAMPTON BAYS	State NY Zip Code 11946	
Purpose of Disbursement POLITICAL CONTRIBUTION	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

1675.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KENDALL STEWART FRIENDS		Transaction ID: SB29.6060 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 4016 CHURCH AVE		Amount of Each Disbursement this Period 500.00
City BROOKLYN State NY Zip Code 11203	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LINDSAY FOR LEGISLATOR		Transaction ID: SB29.6055 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO BOX 885		Amount of Each Disbursement this Period 1200.00
City HOLBROOK State NY Zip Code 11741	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MCMAHON FOR COUNCIL		Transaction ID: SB29.6019 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 52 WESTBURY AVE		Amount of Each Disbursement this Period 500.00
City STATEN ISLAND State NY Zip Code 10301	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MCMANUS DEMOCRATIC ASSOC		Transaction ID: SB29.6044 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 345 WEST 44TH ST		Amount of Each Disbursement this Period 360.00
City NEW YORK State NY Zip Code 10036	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MORRIS COUNTY DEMOCRATIC COMMITTEE		Transaction ID: SB29.6016 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address PO BOX 306		Amount of Each Disbursement this Period 350.00
City MORRISTOWN State NJ Zip Code 07983	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NASSAU COUNTY CONSERVATIVE COMM		Transaction ID: SB29.6018 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 30 PEERLESS DRIVE		Amount of Each Disbursement this Period 300.00
City OYSTER BAY State NY Zip Code 11771	011 Category/ Type	
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1010.00
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)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NASSAU COUNTY CONSERVATIVE COMM

Mailing Address 30 PEERLESS DRIVE

City OYSTER BAY State NY Zip Code 11771

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6034

Date of Disbursement

05 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. NEW YORKERS FOR DILON

Mailing Address PO BOX 370-551

City BROOKLYN State NY Zip Code 11237

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6057

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. NEW YORKERS FOR THOMPSON

Mailing Address 321 BROADWAY

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.6053

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NYC CENTRAL LABOR PAC FUND		Transaction ID: SB29.6070 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 31 WEST 15TH ST		Amount of Each Disbursement this Period 1750.00
City NEW YORK State NY Zip Code 10011	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. PADUCH FOR ASSEMBLY		Transaction ID: SB29.6063 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 39 SCOTCHTOWN COLLARBAR RD		Amount of Each Disbursement this Period 500.00
City MIDDLETOWN State NY Zip Code 10944	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. RIDGEWOOD DEMO CLUB DINNER COMM		Transaction ID: SB29.6030 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 60-70 PUTNAM AVE		Amount of Each Disbursement this Period 1250.00
City RIDGEWOOD State NY Zip Code 11385	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RIVERA CFB FUND		Transaction ID: SB29.6068 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 8002 KEW GARDENS RD		Amount of Each Disbursement this Period 500.00
City KEW GARDENS State NY Zip Code 11415	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. SAWICKI FOR COMPTROLLERS		Transaction ID: SB29.6046 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO BOX 763		Amount of Each Disbursement this Period 950.00
City CUTCHOGUE State NY Zip Code 11935	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. SPITZER 2006		Transaction ID: SB29.6029 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 895 BROADWAY		Amount of Each Disbursement this Period 5000.00
City NEW YORK State NY Zip Code 10003	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name SPITZER 2006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)

6450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THE TOWNS COMMITTEE		Transaction ID: SB29.6021 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 319 HIGHLAND BLVD		Amount of Each Disbursement this Period 800.00	
City BROOKLYN	State NY		Zip Code 11207
Purpose of Disbursement POLITICAL CONTRIBUTION			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. THOMAS JEFFERSON CLUB		Transaction ID: SB29.6020 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 77 CONKLIN AVENUE		Amount of Each Disbursement this Period 285.00	
City BROOKLYN	State NY		Zip Code 11230
Purpose of Disbursement POLITICAL CONTRIBUTION			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. TOM SPODA FOR DISTRICT ATTORNEY		Transaction ID: SB29.6067 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address PO BOX 883		Amount of Each Disbursement this Period 1000.00	
City BABYLON	State NY		Zip Code 11702
Purpose of Disbursement POLITICAL CONTRIBUTION			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	2085.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. VIVIAN VILORIA FISHER		Transaction ID: SB29.6013 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 32-32 48TH AVE		Amount of Each Disbursement this Period 450.00
City LONG ISLAND CITY State NY Zip Code 11101	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WEST BRONX NEIGHBORHOOD ASSOCIATION		Transaction ID: SB29.6023 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address P.O. BOX 1782		Amount of Each Disbursement this Period 600.00
City BRONX State NY Zip Code 10451	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

42602.00