

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 158-29 GEORGE MEANY BOULEVARD
Check if different than previously reported. (ACC) HOWARD BEACH NY 11414

2. **FEC IDENTIFICATION NUMBER** C00327478 **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 10 01 2007 through 12 31 2007

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 Mr. JOHN J. MURPHY

Signature of Treasurer Electronically Filed by Mr. JOHN J. MURPHY Date 01 29 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		243499.09
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	219393.30									
(c) Total Receipts (from Line 19)	112580.26	239091.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331973.56	482590.56								
7. Total Disbursements (from Line 31)	32729.75	183346.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	299243.81	299243.81								
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

PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	111430.26	237941.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	111430.26	237941.47
(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)	111430.26	237941.47
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1150.00	1150.00
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))	112580.26	239091.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	112580.26	239091.47

DETAILED SUMMARY PAGE

of Disbursements

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.....	7393.75	13093.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	7393.75	13093.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7500.00
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.....	25336.00	162753.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32729.75	183346.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32729.75	183346.75

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)	111430.26	237941.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111430.26	237941.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7393.75	13093.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7393.75	13093.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19	
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CITIBANK		Date of Receipt
	Mailing Address PO BOX 5870 GRAND CENTRAL STATION		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	NEW YORK	NY	10163
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.6162
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="1150.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INTEREST	
Aggregate Year-to-Date ▼		<input type="text" value="1150.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1150.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1150.00"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRANK CAROLLO & CO., P.C. Mailing Address 18 WEST CARVER STREET SUITE ONE City HUNTINGTON State NY Zip Code 11743 Purpose of Disbursement FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6149 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	Amount of Each Disbursement this Period 1912.50
B.	Full Name (Last, First, Middle Initial) FRANK CAROLLO & CO., P.C. Mailing Address 18 WEST CARVER STREET SUITE ONE City HUNTINGTON State NY Zip Code 11743 Purpose of Disbursement FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6138 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7	Amount of Each Disbursement this Period 1743.75
C.	Full Name (Last, First, Middle Initial) FRANK CAROLLO & CO., P.C. Mailing Address 18 WEST CARVER STREET SUITE ONE City HUNTINGTON State NY Zip Code 11743 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6146 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7	Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional)	4256.25
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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FRANK CAROLLO & CO., P.C.

Transaction ID: SB21B.6158

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Mailing Address 18 WEST CARVER STREET
SUITE ONE

City HUNTINGTON State NY Zip Code 11743

Amount of Each Disbursement this Period

637.50

Purpose of Disbursement
FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MALONEY FOR CONGRESS

Transaction ID: SB21B.6153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Mailing Address 49 EAST 92ND STREET

City NEW YORK State NY Zip Code 10128

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NY District: 14

SUBTOTAL of Disbursements This Page (optional)

3137.50

TOTAL This Period (last page this line number only)

7393.75

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BUILDING AND CONSTRUCTIONS TRADE COUNCIL <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6152 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2100.00</td> </tr> </table> <hr/> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0	7	2100.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
1	2	/	1	0	/	2	0	0	7															
2100.00																								
011																								
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT PRESTON JENKINS <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6127 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <hr/> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	7	500.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
1	0	/	2	9	/	2	0	0	7															
500.00																								
011																								
C.	Full Name (Last, First, Middle Initial) DEMOCRATIC COUNTY COMMITTEE <hr/> Mailing Address 274 WATCHOGUE ROAD <hr/> City State Zip Code STATEN ISLAND NY 10314 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6139 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <hr/> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	0	7	500.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
1	1	/	1	5	/	2	0	0	7															
500.00																								
011																								

SUBTOTAL of Disbursements This Page (optional)	3100.00
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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) DIAZ 2009 <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6120 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Amount of Each Disbursement this Period 250.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) ELIZABETH CROWLEY FOR CITY COUNCIL <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6159 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) FRIENDS FOR HYER-SPENCER <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6118 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Amount of Each Disbursement this Period 200.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="950.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6160 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF KEVIN PARKER <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6123 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARTY GOLDEN <hr/> Mailing Address 6719 FT. HAMILTON PKWY. <hr/> City State Zip Code BROOKLYN NY 11219 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6113 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1000.00

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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR EFRAIN GONZALEZ, JR.

Transaction ID: SB29.6124

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 7
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address

Amount of Each Disbursement this Period

500.00

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

Transaction ID: SB29.6125

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 7
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address

Amount of Each Disbursement this Period

500.00

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)
GENNARO FOR NEW YORK

Transaction ID: SB29.6142

Date of Disbursement

^M 1	^M 1	/	^D 2	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 7
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address

Amount of Each Disbursement this Period

2500.00

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GENTILE FOR NEW YORK <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6114 Date of Disbursement 10 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) GILLIBRAND VICTORY FUND <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6132 Date of Disbursement 11 / 06 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) GOOD GOVERNMENT REGULAR DEMOCRATIC CLUB <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6104 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 350.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2350.00
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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LAPPIN FOR COUNCIL Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6135 Date of Disbursement 11 / 13 / 2007	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) McMANUS DEMOCRATIC ASSOC. Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6107 Date of Disbursement 10 / 10 / 2007	Amount of Each Disbursement this Period 750.00
C.	Full Name (Last, First, Middle Initial) NEW YORK STATE PIPE TRADES Mailing Address City State Zip Code Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6154 Date of Disbursement 12 / 20 / 2007	Amount of Each Disbursement this Period 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4750.00

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)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) NYC PAC <hr/> Mailing Address 386 PARK AVENUE SOUTH <hr/> City NEW YORK State NY Zip Code 10016 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6122 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Amount of Each Disbursement this Period 38.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NYC PAC <hr/> Mailing Address 386 PARK AVENUE SOUTH <hr/> City NEW YORK State NY Zip Code 10016 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 38.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NYC PAC <hr/> Mailing Address 386 PARK AVENUE SOUTH <hr/> City NEW YORK State NY Zip Code 10016 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6151 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 38.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="114.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) RIVERA 2009 <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6110 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
	<input type="checkbox"/> 011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) RORY LANCMAN ELECTION COMMITTEE <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6129 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Amount of Each Disbursement this Period 250.00
	<input type="checkbox"/> 011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) TONY AVELLA 2009 <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6108 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
	<input type="checkbox"/> 011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
UA POLITICAL EDUCATION COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6143
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
UNITED FOR MONSERRATE

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6140
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
WILKINS FOR ASSEMBLY

Mailing Address

City State Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6130
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

Image# 28990137904

Form/Schedule: **F3XN**

CONTRIBUTIONS ARE RECEIVED BY INDIVIDUALS TOTALING UNDER \$200 EACH IN THE AGGREGATE.

Transaction ID:
