

# 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  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1000 HENDRICKS CAUSEWAY  
 Check if different than previously reported. (ACC)  
RIDGEFIELD NJ 07657

2. **FEC IDENTIFICATION NUMBER** C00190991  
**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 01 01 2008 through 03 31 2008

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 JOHN WENDE

Signature of Treasurer Electronically Filed by JOHN WENDE Date 04 08 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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		96976.99
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	96976.99									
(c) Total Receipts (from Line 19) .....	51854.48	51854.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148831.47	148831.47								
7. Total Disbursements (from Line 31) .....	35383.47	35383.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	113448.00	113448.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1245.53	1245.53
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	49152.31	49152.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	50397.84	50397.84
(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) .....	50397.84	50397.84
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.) .....	1456.64	1456.64
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)) .....	51854.48	51854.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51854.48	51854.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3880.00	3880.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3880.00	3880.00
22. Transfers to Affiliated/Other Party Committees.....	8728.47	8728.47
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4100.00	4100.00
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.....	18675.00	18675.00
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))..	35383.47	35383.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35383.47	35383.47

**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) .....	50397.84	50397.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50397.84	50397.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3880.00	3880.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3880.00	3880.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)

<input checked="" 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 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
J JAMES ABBOOD

Mailing Address 18 REA AVENUE EXIT

City State Zip Code  
HAWTHORNE NJ 07506

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** SA11AI.24731

Amount of Each Receipt this Period  
226.08

**B.** Full Name (Last, First, Middle Initial)  
JAMES BAKER

Mailing Address 174 ALPHANO ROAD

City State Zip Code  
GREAT MEADOWS NJ 07838

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** SA11AI.25047

Amount of Each Receipt this Period  
205.04

**C.** Full Name (Last, First, Middle Initial)  
PATRICK CALLAGHAN

Mailing Address 36 CARDINAL LANE

City State Zip Code  
NEWTON NJ 07860

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

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.91

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** SA11AI.24608

Amount of Each Receipt this Period  
200.91

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **632.03**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DENNIS CAUFIELD

Mailing Address 38 GRANT AVE

City State Zip Code  
POMPTON LAKES NJ 07442

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.80

Date of Receipt 03 / 31 / 2008  
Transaction ID: SA11AI.24823  
Amount of Each Receipt this Period 201.80

**B.** Full Name (Last, First, Middle Initial)  
PETER KRAUS

Mailing Address 7 PARKS LANE

City State Zip Code  
SUSSEX NJ 07461

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.66

Date of Receipt 03 / 31 / 2008  
Transaction ID: SA11AI.24728  
Amount of Each Receipt this Period 206.66

**C.** Full Name (Last, First, Middle Initial)  
ALFRED NORTON

Mailing Address 696 SKYLINE DRIVE

City State Zip Code  
LAKE HOPATCONG NJ 07849

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIPEFITTERS LOCAL 274 PIPEFITTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.04

Date of Receipt 03 / 31 / 2008  
Transaction ID: SA11AI.24924  
Amount of Each Receipt this Period 205.04

**SUBTOTAL** of Receipts This Page (optional) ..... 613.50

**TOTAL** This Period (last page this line number only) ..... 1245.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 21  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address Cedar Lane & Palisades Avenue

City State Zip Code  
Teancek NJ 07666

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: SA17.25091

Amount of Each Receipt this Period  
461.11

Interest

**B.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address Cedar Lane & Palisades Avenue

City State Zip Code  
Teancek NJ 07666

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
468.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: SA17.25094

Amount of Each Receipt this Period  
7.19

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address Cedar Lane & Palisades Avenue

City State Zip Code  
Teancek NJ 07666

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1204.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA17.25092

Amount of Each Receipt this Period  
736.48

Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1204.78**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 21
	(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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address Cedar Lane & Palisades Avenue		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Teancek	NJ	07666
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.25093
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="251.86"/>	
Interest			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1456.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="251.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1456.64"/>

# 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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Building and Construction Trades Dept AFL-CIO	Transaction ID: SB21B.24579 Date of Disbursement																			
	Mailing Address 815 16th Street, NW, Suite 600	<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>3</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	0	3	/	2	0	0	8												
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Conference registration Candidate Name	<table border="1"><tr><td>600.00</td></tr></table>	600.00																		
600.00																					
	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) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) D.A. Gerson, CPA & Associates, P.C.	Transaction ID: SB21B.24544 Date of Disbursement																			
	Mailing Address 16 Arcadian Avenue	<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>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	3	/	2	0	0	8												
	City Paramus State NJ Zip Code 07652	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Accounting Fees Candidate Name	<table border="1"><tr><td>750.00</td></tr></table>	750.00																		
750.00																					
	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) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) D.A. Gerson, CPA & Associates, P.C.	Transaction ID: SB21B.24564 Date of Disbursement																			
	Mailing Address 16 Arcadian Avenue	<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>2</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	1	3	/	2	0	0	8												
	City Paramus State NJ Zip Code 07652	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Accounting Fees Candidate Name	<table border="1"><tr><td>1550.00</td></tr></table>	1550.00																		
1550.00																					
	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) ▼																			
		001 Category/ Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2900.00</td></tr></table>	2900.00
2900.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 21

<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)

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
NEW JERSEY STATE AFL CIO

Mailing Address 106 WEST STATE STREET

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement  
Conference Registration

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.24588

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

980.00

SUBTOTAL of Disbursements This Page (optional) ▶

980.00

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

3880.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73, PO Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Transfer - non federal affiliate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.24543</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1611.38</p> <p>008 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Transfer - non-federal affiliate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.24555</p> <p>Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2408.38</p> <p>008 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Jersey State Association of Pipe Trades PAC Fund</p> <p>Mailing Address 534 South Route 73 P.O. Box 73</p> <p>City Winslow State NJ Zip Code 08095</p> <p>Purpose of Disbursement Transfer - non-federal affiliate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.24581</p> <p>Date of Disbursement 03 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1799.22</p> <p>008 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5818.98

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

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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE</p> <p>Mailing Address 901 Massachusetts Avenue NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB22.24541</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="805.69"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE</p> <p>Mailing Address 901 Massachusetts Avenue NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB22.24554</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1204.19"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE</p> <p>Mailing Address 901 Massachusetts Avenue NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB22.24582</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="899.61"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2909.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8728.47"/>

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DON PAYNE FOR CONGRESS Mailing Address City State Zip Code Purpose of Disbursement Book Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24556 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 004
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE Mailing Address P.O. Box 848 City State Zip Code Union City NJ 07087 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24589 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 003
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC. Mailing Address 17 Vernon Court City State Zip Code West Paterson NJ 07424 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24571 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 600.00
	Category/ Type 012
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3100.00
<b>TOTAL</b> 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 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)

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SIRES FOR CONGRESS

Mailing Address 6050 BOULEVARD EAST APT 6B

City WEST NEW YORK State NJ Zip Code 07093

Purpose of Disbursement  
Contribution

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.24549

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1000.00

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

4100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Chiappone for Assembly  Mailing Address 155 Polifly Road, Suite 103  City Hackensack State NJ Zip Code 07601  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.24584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period  1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Sheila Oliver  Mailing Address 155 Polifly Road  City Hackensack State NJ Zip Code 07601  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) ▼	<b>Transaction ID:</b> SB29.24565 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	Amount of Each Disbursement this Period  500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee to Re-Elect Jim Carroll  Mailing Address 37A Park Street  City Demarest State NJ Zip Code 07627  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.24551 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period  500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Comm to Re-Elect V. Prieto/Assembly  Mailing Address 155 Polifly Road  City Hackensack State NJ Zip Code 07601 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.24594 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Election Fund of Joan Quigley  Mailing Address 384 Fairmount Avenue  City Jersey City State NJ Zip Code 07306 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.24578 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Essex County Democratic Committee  Mailing Address 50 Park Place Suite 1430  City Newark State NJ Zip Code 07102 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.24567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	Amount of Each Disbursement this Period 600.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3600.00

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Fred Scalera Campaign Committee	Transaction ID: SB29.24566 Date of Disbursement																			
	Mailing Address 47 Washington Avenue	<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>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	8												
	City Nutley State NJ Zip Code 07110	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>012</td></tr></table> Category/Type	012																		
012																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Healy for Mayor 2009	Transaction ID: SB29.24553 Date of Disbursement																			
	Mailing Address 14 Oakdale 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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	8												
	City Jersey City State NJ Zip Code 07305	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	<table border="1"><tr><td>012</td></tr></table> Category/Type	012																		
012																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Luther for Mayor	Transaction ID: SB29.24568 Date of Disbursement																			
	Mailing Address PO Box 5131	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	8												
	City Parsippany State NJ Zip Code 07054	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Ticket	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1750.00</td></tr></table>	1750.00
1750.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MAC PAC</p> <p>Mailing Address c/o IBEW Local 164 205 Robin Road</p> <p>City Paramus State NJ Zip Code 07652</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24540</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 7200.00</p> <p>012 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Middlesex AFL-CIO Labor Council</p> <p>Mailing Address 2 Iron Ore Road at Route 33</p> <p>City Englishtown State NJ Zip Code 07726</p> <p>Purpose of Disbursement Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24592</p> <p>Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>004 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Morris County Democratic Committee</p> <p>Mailing Address P.O. Box 70</p> <p>City Mount Tabor State NJ Zip Code 07878</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24560</p> <p>Date of Disbursement 02 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>012 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7750.00

**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)  
PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) NJ Legislative Black Caucus Foundation</p> <p>Mailing Address PO Box 20037</p> <p>City Newark State NJ Zip Code 07601</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24573 <b>Date of Disbursement</b> 02 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>003 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) North Bergen Democratic Municipal Committee</p> <p>Mailing Address 7202 Hudson Avenue</p> <p>City North Bergen State NJ Zip Code 07047</p> <p>Purpose of Disbursement Tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24577 <b>Date of Disbursement</b> 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 825.00</p> <p>003 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Passaic County Democratic Committee</p> <p>Mailing Address P.O. Box 568</p> <p>City West Paterson State NJ Zip Code 07424</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24545 <b>Date of Disbursement</b> 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>012 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1575.00

**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 21 / 21

<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)

PIPEFITTERS LOCAL UNION NO 274 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sweeney For Senate

Mailing Address 300 North Marion Avenue

City State Zip Code  
Wenonah NJ 08090

Purpose of Disbursement  
Tickets

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.24562

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

18675.00