

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

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

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NJ DEMOCRATIC STATE COMMITTEE		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 196 WEST STATE STREET		Transaction ID: SA16.5384
City	State	Zip Code
TRENTON	NJ	08608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer	Occupation	Refund-exceeded Permissible cont for Yea.
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	180.00