

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 UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

ADDRESS (number and street) 1775 K STREET N.W. WASHINGTON DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00002766 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2009 through 03 31 2009

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 ANTHONY M PERRONE

Signature of Treasurer Electronically Filed by ANTHONY M PERRONE Date 04 20 2009

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
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		689603.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1118874.87									
(c) Total Receipts (from Line 19)	344446.29	949224.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1463321.16	1638827.37								
7. Total Disbursements (from Line 31)	271459.00	446965.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1191862.16	1191862.16								
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

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	1320.00	10530.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	343094.47	926383.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	344414.47	936913.89
(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)	344414.47	936913.89
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.)	31.82	12310.25
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))	344446.29	949224.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	344446.29	949224.14

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.....	5489.00	6862.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5489.00	6862.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	227000.00	306400.00
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.....	38970.00	133702.96
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))..	271459.00	446965.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	271459.00	446965.21

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)	344414.47	936913.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	344414.47	936913.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5489.00	6862.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5489.00	6862.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 40
(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
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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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.

Full Name (Last, First, Middle Initial)
CHERYL J AQUILINO

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date **220.00**

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13473

Amount of Each Receipt this Period
90.00

B.

Full Name (Last, First, Middle Initial)
DOUGLAS A BELANGER

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date **220.00**

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13364

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)
ROBERT M BERMAN

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date **220.00**

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13374

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) **270.00**

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: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.

Full Name (Last, First, Middle Initial) JEFFREY A BOLLEN		Date of Receipt
Mailing Address 30 Stergis Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Dedham MA 02026		<input type="text"/> 03 / <input type="text"/> 19 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13322
Name of Employer UFCW LOCAL 1445		Amount of Each Receipt this Period
Occupation L/U REPRESENTATIVE		<input type="text"/> 90.00
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Other		Aggregate Year-to-Date ▼
		<input type="text"/> 220.00

B.

Full Name (Last, First, Middle Initial) THOMAS D BROWN		Date of Receipt
Mailing Address 30 Stergis Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Dedham MA 02026		<input type="text"/> 03 / <input type="text"/> 19 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13368
Name of Employer UFCW LOCAL 1445		Amount of Each Receipt this Period
Occupation L/U REPRESENTATIVE		<input type="text"/> 80.00
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Other		Aggregate Year-to-Date ▼
		<input type="text"/> 220.00

C.

Full Name (Last, First, Middle Initial) RICHARD O CHARETTE		Date of Receipt
Mailing Address 30 Stergis Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Dedham MA 02026		<input type="text"/> 03 / <input type="text"/> 19 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13347
Name of Employer UFCW LOCAL 1445		Amount of Each Receipt this Period
Occupation L/U PRESIDENT		<input type="text"/> 90.00
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Other		Aggregate Year-to-Date ▼
		<input type="text"/> 220.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 260.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.

Full Name (Last, First, Middle Initial)
ELIZABETH M DAY

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 220.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13386

Amount of Each Receipt this Period
90.00

B.

Full Name (Last, First, Middle Initial)
DEAN J ETHIER

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 220.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13339

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)
MARK A GOVONI

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 220.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13371

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **260.00**

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: (check only one)	PAGE 9 / 40
	<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	

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NAME OF COMMITTEE (In Full)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) JOSEPH A HAYES		Date of Receipt
	Mailing Address 30 Stergis Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Dedham	MA	02026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13373
Name of Employer UFCW LOCAL 1445		Occupation L/U REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 80.00

B.	Full Name (Last, First, Middle Initial) JOHN C KACHADOORIN		Date of Receipt
	Mailing Address 30 Stergis Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Dedham	MA	02026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13310
Name of Employer UFCW LOCAL 1445		Occupation L/U REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 90.00

C.	Full Name (Last, First, Middle Initial) ROBERT G LENNON		Date of Receipt
	Mailing Address 30 Stergis Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Dedham	MA	02026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13377
Name of Employer UFCW LOCAL 1445		Occupation L/U REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 90.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 260.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 40
(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

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NAME OF COMMITTEE (In Full)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.

Full Name (Last, First, Middle Initial)
PETER J MCCAUL

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 210.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13382

Amount of Each Receipt this Period
90.00

B.

Full Name (Last, First, Middle Initial)
DENNIS P NORTON

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 220.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13302

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)
JAMES M RONAYNE

Mailing Address 30 Stergis Way

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
UFCW LOCAL 1445 L/U REPRESENTATIVE

Receipt For: 2009
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 220.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.13335

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	1320.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) CHEVY CHASE BANK <hr/> Mailing Address 6151 CHEVY CHASE DRIVE <hr/> City LAUREL State MD Zip Code 20707 <hr/> Purpose of Disbursement ABC General Fund Form-1120-POL 12/31/0 Candidate Name	Transaction ID: SB21B.14952 Date of Disbursement 03 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 5449.00
B. Full Name (Last, First, Middle Initial) CHEVY CHASE BANK <hr/> Mailing Address 6151 CHEVY CHASE DRIVE <hr/> City LAUREL State MD Zip Code 20707 <hr/> Purpose of Disbursement March 2009 bank service fee Candidate Name	Transaction ID: SB21B.15052 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 40.00

SUBTOTAL of Disbursements This Page (optional) ►

5489.00

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

5489.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 40

<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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) AL FRANKEN RECOUNT FUND	Transaction ID: SB23.14957 Date of Disbursement 03 / 05 / 2009
	Mailing Address 255 EAST PLATO BOULEVARD	Amount of Each Disbursement this Period 5000.00
	City ST. PAUL State MN Zip Code 55107	
	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
B.	Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS	Transaction ID: SB23.15010 Date of Disbursement 03 / 25 / 2009
	Mailing Address 1736 FRANKLIN STREET SUITE 400	Amount of Each Disbursement this Period 2500.00
	City OAKLAND State CA Zip Code 94612	
	Purpose of Disbursement CONTRIBUTION CA - C.D. # 09 Candidate Name BARBARA LEE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS	Transaction ID: SB23.14964 Date of Disbursement 03 / 12 / 2009
	Mailing Address POST OFFICE BOX 703	Amount of Each Disbursement this Period 2500.00
	City GENEVA State IL Zip Code 60134	
	Purpose of Disbursement CONTRIBUTION IL - C.D. # 14 Candidate Name BILL FOSTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial)
BILL FOSTER FOR CONGRESS

Mailing Address POST OFFICE BOX 703

City State Zip Code
GENEVA IL 60134

Purpose of Disbursement
CONTRIBUTION IL - C.D. # 14

Candidate Name
BILL FOSTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 14

Transaction ID: SB23.14965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
BOSWELL FOR CONGRESS

Mailing Address POST OFFICE BOX 6220

City State Zip Code
DES MOINES IA 50309

Purpose of Disbursement
CONTRIBUTION IA - C.D. # 03

Candidate Name
LEONARD BOSWELL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 03

Transaction ID: SB23.14966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BRALEY FOR CONGRESS

Mailing Address POST OFFICE BOX 390

City State Zip Code
WATERLOO IA 50704

Purpose of Disbursement
CONTRIBUTION IA - C.D. # 01

Candidate Name
BRUCE BRALEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 01

Transaction ID: SB23.15020

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 390 <hr/> City WATERLOO State IA Zip Code 50704 Purpose of Disbursement CONTRIBUTION IA - C.D. # 01 Candidate Name BRUCE BRALEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01	Transaction ID: SB23.15021 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2009
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS <hr/> Mailing Address 236 MASSACHUSETTS AVE NE SUITE 508 <hr/> City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION TX - C.D. # 23 Candidate Name CIRO D RODRIGUEZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	Transaction ID: SB23.14983 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2009
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER <hr/> Mailing Address 255 SOUTH 17TH STREET <hr/> City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement CONTRIBUTION US SENATE - PA Candidate Name ARLEN SPECTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Transaction ID: SB23.14962 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2009
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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 15 / 40

<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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN <hr/> Mailing Address POST OFFICE BOX 326 <hr/> City EVERETT State WA Zip Code 98206 <hr/> Purpose of Disbursement CONTRIBUTION WA - C.D. # 02 <hr/> Candidate Name RICK LARSEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14955 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) CLARKE FOR CONGRESS <hr/> Mailing Address 504 FLATBUSH AVENUE <hr/> City BROOKLYN State NY Zip Code 11225 <hr/> Purpose of Disbursement CONTRIBUTION NY - C.D. # 11 <hr/> Candidate Name YVETTE CLARKE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14994 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 1372 <hr/> City VERNON State CT Zip Code 06066 <hr/> Purpose of Disbursement CONTRIBUTION CT - C.D. # 02 <hr/> Candidate Name JOSEPH COURTNEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15022 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

<p>A. Full Name (Last, First, Middle Initial) DEBBIE HALVORSON FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 176</p> <p>City CRETE State IL Zip Code 60417</p> <p>Purpose of Disbursement CONTRIBUTION IL - C.D. # 11</p> <p>Candidate Name DEBBIE HALVORSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14968 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEBBIE HALVORSON FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 176</p> <p>City CRETE State IL Zip Code 60417</p> <p>Purpose of Disbursement CONTRIBUTION IL - C.D. # 11</p> <p>Candidate Name DEBBIE HALVORSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14969 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL</p> <p>Mailing Address CAMPAIGN COMMITTEE 430 SOUTH CAPITOL STREET SE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14959 Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

20000.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.14960

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

15000.00

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN

Mailing Address COMMITTEE
430 SOUTH CAPITOL STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.14961

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

15000.00

C. Full Name (Last, First, Middle Initial)
DINA TITUS FOR CONGRESS

Mailing Address 3711 EAST SUNSET ROAD
SUITE C-4

City LAS VEGAS State NV Zip Code 89120

Purpose of Disbursement
CONTRIBUTION NV - C.D. # 03

Candidate Name
DINA TITUS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.14984

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

35000.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.14986 Date of Disbursement
	Mailing Address 3741 GLENMORE AVENUE	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City CINCINNATI State OH Zip Code 45211	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION OH - C.D. # 01 Candidate Name STEVE DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>
B.	Full Name (Last, First, Middle Initial) FORWARD OREGON PAC	Transaction ID: SB23.14985 Date of Disbursement
	Mailing Address 3016 SE DIVISION	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City PORTLAND State OR Zip Code 97202	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>
C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.14990 Date of Disbursement
	Mailing Address 426 C STREET NE REAR BUILDING	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION US SENATE - NV Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.14993 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>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		2	0	0	9														
	Mailing Address 426 C STREET NE REAR BUILDING		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">5000.00</td> </tr> </table>	Amount of Each Disbursement this Period										5000.00									
Amount of Each Disbursement this Period																							
5000.00																							
	City WASHINGTON State DC Zip Code 20002																						
	Purpose of Disbursement CONTRIBUTION US SENATE - NV		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Candidate Name HARRY REID																						
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: NV District:																						
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOL	Transaction ID: SB23.14971 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>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	0	9														
	Mailing Address 729 - 15TH STREET NW THIRD FLOOR		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">500.00</td> </tr> </table>	Amount of Each Disbursement this Period										500.00									
Amount of Each Disbursement this Period																							
500.00																							
	City WASHINGTON State DC Zip Code 20005																						
	Purpose of Disbursement CONTRIBUTION PA - C.D. # 17		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Candidate Name TIM HOLDEN																						
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: PA District: 06																						
C.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOL	Transaction ID: SB23.14972 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>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	0	9														
	Mailing Address 729 - 15TH STREET NW THIRD FLOOR		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">500.00</td> </tr> </table>	Amount of Each Disbursement this Period										500.00									
Amount of Each Disbursement this Period																							
500.00																							
	City WASHINGTON State DC Zip Code 20005																						
	Purpose of Disbursement CONTRIBUTION PA - C.D. # 17		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Candidate Name TIM HOLDEN																						
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: PA District: 06																						

SUBTOTAL of Disbursements This Page (optional)	6000.00
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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF GEORGE MILLER</p> <p>Mailing Address POST OFFICE BOX 5624</p> <p>City CONCORD State CA Zip Code 94524</p> <p>Purpose of Disbursement CONTRIBUTION CA - C.D. # 07</p> <p>Candidate Name GEORGE MILLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14973 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GEORGE MILLER</p> <p>Mailing Address POST OFFICE BOX 5624</p> <p>City CONCORD State CA Zip Code 94524</p> <p>Purpose of Disbursement CONTRIBUTION CA - C.D. # 07</p> <p>Candidate Name GEORGE MILLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14987 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE</p> <p>Mailing Address POST OFFICE BOX 4183 3805 44TH STREET</p> <p>City ROCK ISLAND State IL Zip Code 61204</p> <p>Purpose of Disbursement CONTRIBUTION IL - C.D. # 17</p> <p>Candidate Name PHIL HARE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15019 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPA	Transaction ID: SB23.14975 Date of Disbursement 03 / 12 / 2009
	Mailing Address POST OFFICE BOX 16128	Amount of Each Disbursement this Period 1500.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement CONTRIBUTION TX - C.D. # 29	Category/Type
	Candidate Name GENE GREEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS	Transaction ID: SB23.15025 Date of Disbursement 03 / 30 / 2009
	Mailing Address POST OFFICE BOX 23748	Amount of Each Disbursement this Period 5000.00
	City TEMPE State AZ Zip Code 85285	
	Purpose of Disbursement CONTRIBUTION AZ - C.D. # 05	Category/Type
	Candidate Name HARRY MITCHELL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) HARRY TEAGUE FOR CONGRESS	Transaction ID: SB23.14977 Date of Disbursement 03 / 12 / 2009
	Mailing Address 139 NORTH DOWNTOWN MALL	Amount of Each Disbursement this Period 5000.00
	City LAS CRUCES State NM Zip Code 88001	
	Purpose of Disbursement CONTRIBUTION NM - C.D. # 02	Category/Type
	Candidate Name HARRY TEAGUE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

11500.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) HIGGINS FOR CONGRESS	Transaction ID: SB23.14988 Date of Disbursement 03 / 17 / 2009	
	Mailing Address POST OFFICE BOX 28		
	City BUFFALO	State NY	Zip Code 14220
	Purpose of Disbursement CONTRIBUTION NY - C.D. # 27	Amount of Each Disbursement this Period 5000.00	
	Candidate Name BRIAN HIGGINS	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 27		
B.	Full Name (Last, First, Middle Initial) JENNIFER BRUNNER COMMITTEE	Transaction ID: SB23.15011 Date of Disbursement 03 / 25 / 2009	
	Mailing Address POST OFFICE BOX 91217		
	City COLUMBUS	State OH	Zip Code 43209
	Purpose of Disbursement CONTRIBUTION US SENATE - OH	Amount of Each Disbursement this Period 1250.00	
	Candidate Name JENNIFER BRUNNER	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District:		
C.	Full Name (Last, First, Middle Initial) JENNIFER BRUNNER COMMITTEE	Transaction ID: SB23.15012 Date of Disbursement 03 / 25 / 2009	
	Mailing Address POST OFFICE BOX 91217		
	City COLUMBUS	State OH	Zip Code 43209
	Purpose of Disbursement CONTRIBUTION US SENATE - OH	Amount of Each Disbursement this Period 1250.00	
	Candidate Name JENNIFER BRUNNER	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District:		

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) JENNIFER BRUNNER COMMITTEE <hr/> Mailing Address POST OFFICE BOX 91217 <hr/> City COLUMBUS State OH Zip Code 43209 <hr/> Purpose of Disbursement CONTRIBUTION US SENATE - OH <hr/> Candidate Name JENNIFER BRUNNER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: SB23.15013 Date of Disbursement 03 / 25 / 2009
	Amount of Each Disbursement this Period 1250.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JENNIFER BRUNNER COMMITTEE <hr/> Mailing Address POST OFFICE BOX 91217 <hr/> City COLUMBUS State OH Zip Code 43209 <hr/> Purpose of Disbursement CONTRIBUTION US SENATE - OH <hr/> Candidate Name JENNIFER BRUNNER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: SB23.15014 Date of Disbursement 03 / 25 / 2009
	Amount of Each Disbursement this Period 1250.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 1961 <hr/> City SOUTH BEND State IN Zip Code 46634 <hr/> Purpose of Disbursement CONTRIBUTION IN - C.D. # 02 <hr/> Candidate Name JOE DONNELLY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02	Transaction ID: SB23.14978 Date of Disbursement 03 / 12 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.14979 Date of Disbursement 03 / 12 / 2009	
	Mailing Address CITY CENTER 100 W. COLLEGE AVE 50D		Amount of Each Disbursement this Period 5000.00
	City APPLETON State WI Zip Code 54911		
	Purpose of Disbursement CONTRIBUTION WI - C.D. # 08		
	Candidate Name STEVE KAGEN		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS	Transaction ID: SB23.14995 Date of Disbursement 03 / 24 / 2009	
	Mailing Address POST OFFICE BOX 2582 SUITE 305		Amount of Each Disbursement this Period 5000.00
	City COLUMBUS State OH Zip Code 43216		
	Purpose of Disbursement CONTRIBUTION OH - C.D. # 15		
	Candidate Name MARY JO KILROY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA	Transaction ID: SB23.14953 Date of Disbursement 03 / 03 / 2009	
	Mailing Address POST OFFICE BOX G		Amount of Each Disbursement this Period 5000.00
	City FLAGSTAFF State AZ Zip Code 86002		
	Purpose of Disbursement CONTRIBUTION AZ - C.D. # 01		
	Candidate Name ANN KIRKPATRICK		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

<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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 1530 <hr/> City BISCOE State NC Zip Code 27209 <hr/> Purpose of Disbursement CONTRIBUTION NC - C.D. # 08 <hr/> Candidate Name LARRY KISSELL <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14996 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS <hr/> Mailing Address 607 N. MAIN STREET SUITE 240 <hr/> City OREGON CITY State OR Zip Code 97045 <hr/> Purpose of Disbursement CONTRIBUTION OR - C.D. # 05 <hr/> Candidate Name KURT SCHRADER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14980 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) LAURA RICHARDSON FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 75214 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement CONTRIBUTION CA - C.D. # 37 <hr/> Candidate Name LAURA RICHARDSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15015 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION	Transaction ID: SB23.14989 Date of Disbursement 03 / 17 / 2009	
	Mailing Address COMMITTEE		Amount of Each Disbursement this Period 5000.00
	City HONEOYE State NY Zip Code 14471		
	Purpose of Disbursement CONTRIBUTION NY - C.D. # 28		
	Candidate Name LOUISE SLAUGHTER	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS	Transaction ID: SB23.14981 Date of Disbursement 03 / 12 / 2009	
	Mailing Address 2118 CENTRAL AVENUE SE #71		Amount of Each Disbursement this Period 5000.00
	City ALBUQUERQUE State NM Zip Code 87106		
	Purpose of Disbursement CONTRIBUTION NM - C.D. # 01		
	Candidate Name MARTIN HEINRICH	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS	Transaction ID: SB23.15016 Date of Disbursement 03 / 25 / 2009	
	Mailing Address 5 EAST MARKET STREET SUITE 301		Amount of Each Disbursement this Period 5000.00
	City CORNING State NY Zip Code 14830		
	Purpose of Disbursement CONTRIBUTION NY - C.D. # 29		
	Candidate Name ERIC MASSA	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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FOR LINE NUMBER:
(check only one)

<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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) MCMAHON FOR CONGRESS <hr/> Mailing Address 66 ARNOLD STREET <hr/> City STATEN ISLAND State NY Zip Code 10301 <hr/> Purpose of Disbursement CONTRIBUTION NY - C.D. # 13 <hr/> Candidate Name MICHAEL MCMAHON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14997 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 12022 <hr/> City PLEASANTON State CA Zip Code 94588 <hr/> Purpose of Disbursement CONTRIBUTION CA - C.D. # 11 <hr/> Candidate Name JERRY MCNERNEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14982 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR US CONGRESS <hr/> Mailing Address POST OFFICE BOX 10541 <hr/> City NAPA State CA Zip Code 94581 <hr/> Purpose of Disbursement CONTRIBUTION CA - C.D. # 01 <hr/> Candidate Name MIKE THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14999 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB23.14991 Date of Disbursement
	Mailing Address POST OFFICE BOX 226	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION MI - C.D. # 09	<input type="text" value="2500.00"/>
	Candidate Name GARY PETERS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB23.14992 Date of Disbursement
	Mailing Address POST OFFICE BOX 226	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION MI - C.D. # 09	<input type="text" value="2500.00"/>
	Candidate Name GARY PETERS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: SB23.15000 Date of Disbursement
	Mailing Address POST OFFICE BOX 5577 MANHATTANVILLE STATION	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City NEW YORK State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION NY - C.D. # 15	<input type="text" value="500.00"/>
	Candidate Name CHARLES B RANGEL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
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 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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB23.15002 Date of Disbursement
	Mailing Address POST OFFICE BOX 50378	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION US SENATE - MO	<input type="text" value="2250.00"/>
	Candidate Name ROBIN CARNAHAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB23.15003 Date of Disbursement
	Mailing Address POST OFFICE BOX 50378	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION US SENATE - MO	<input type="text" value="2250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB23.15004 Date of Disbursement
	Mailing Address POST OFFICE BOX 50378	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION US SENATE - MO	<input type="text" value="500.00"/>
	Candidate Name ROBIN CARNAHAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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 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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE <hr/> Mailing Address POST OFFICE BOX 50378 <hr/> City ST. LOUIS State MO Zip Code 63105 <hr/> Purpose of Disbursement CONTRIBUTION US SENATE - MO <hr/> Candidate Name ROBIN CARNAHAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	Transaction ID: SB23.15005 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2250.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE <hr/> Mailing Address POST OFFICE BOX 50378 <hr/> City ST. LOUIS State MO Zip Code 63105 <hr/> Purpose of Disbursement CONTRIBUTION US SENATE - MO <hr/> Candidate Name ROBIN CARNAHAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	Transaction ID: SB23.15006 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2250.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE <hr/> Mailing Address POST OFFICE BOX 50378 <hr/> City ST. LOUIS State MO Zip Code 63105 <hr/> Purpose of Disbursement CONTRIBUTION US SENATE - MO <hr/> Candidate Name ROBIN CARNAHAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	Transaction ID: SB23.15007 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

<p>A. Full Name (Last, First, Middle Initial) SAM FARR FOR CONGRESS</p> <p>Mailing Address 729 - 15TH STREET NW THIRD FLOOR</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement CONTRIBUTION CA - C.D. # 17</p> <p>Candidate Name SAM FARR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15018</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 100</p> <p>City BATTLE CREEK State MI Zip Code 49016</p> <p>Purpose of Disbursement CONTRIBUTION MI - C.D. # 07</p> <p>Candidate Name MARK SCHAUER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15008</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 16</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CONTRIBUTION PA - C.D. # 07</p> <p>Candidate Name JOE SESTAK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15023</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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 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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

<p>A. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 16</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CONTRIBUTION PA - C.D. # 07</p> <p>Candidate Name JOE SESTAK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15024</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 16</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CONTRIBUTION PA - C.D. # 07</p> <p>Candidate Name JOE SESTAK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15026</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>
<p>C. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 16</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement CONTRIBUTION PA - C.D. # 07</p> <p>Candidate Name JOE SESTAK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15027</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>

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)

PAGE 33 / 40

<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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.

Full Name (Last, First, Middle Initial)
TIM BISHOP FOR CONGRESS

Transaction ID: SB23.15009

Date of Disbursement

Mailing Address POST OFFICE BOX 437

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

City FARMINGVILLE State NY Zip Code 11738

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION NY - C.D. # 01

Category/
Type

Candidate Name
TIM BISHOP

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 01

B.

Full Name (Last, First, Middle Initial)
VAN HOLLEN FOR CONGRESS

Transaction ID: SB23.14958

Date of Disbursement

Mailing Address 10605 CONCORD STREET
SUITE 202

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

City KENSINGTON State MD Zip Code 20895

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
CONTRIBUTION MD - C.D. # 08

Category/
Type

Candidate Name
CHRIS VAN HOLLEN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 08

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

227000.00

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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A. Full Name (Last, First, Middle Initial)
ALLEGHENY COUNTY LABOR COUNCIL

Mailing Address WORKING FAMILIES
401 WOOD STREET SUITE 501

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB29.15029

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT JOHN W. PEC

Mailing Address PO BOX 985

City GREENBURG State PA Zip Code 15601

Purpose of Disbursement
CONTRIBUTION DIST ATTORNEY - PA

Candidate Name
JOHN W PECK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: PA District:

Transaction ID: SB29.15042

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

120.00

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC GOVERNORS' ASSOC.

Mailing Address 499 SOUTH CAPITOL ST. SW
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB29.15043

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional) ►

25620.00

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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JUDGE SUSAN EVASHAV</p> <p>Mailing Address DILUCENTE 116 ASHLEY COURT</p> <p>City PITTSBURGH State PA Zip Code 15221</p> <p>Purpose of Disbursement CONTRIBUTION JUDGE - PA</p> <p>Candidate Name SUSAN EVASHAVIK DILUCENTE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15048 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF TONYA D. PAYNE</p> <p>Mailing Address POST OFFICE BOX 23583</p> <p>City PITTSBURGH State PA Zip Code 15222</p> <p>Purpose of Disbursement CONTRIBUTION CITY COUNCIL - PA</p> <p>Candidate Name TONYA PAYNE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15032 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HAMILTON COUNTY DEMOCRATIC</p> <p>Mailing Address PARTY 6109 WEBBLAND PLACE</p> <p>City CINCINNATI State OH Zip Code 45213</p> <p>Purpose of Disbursement CONTRIBUTION</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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15033 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 4500.00</p>

SUBTOTAL of Disbursements This Page (optional)	6750.00
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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) MONTGOMERY COUNTY DEMOCRATIC	Transaction ID: SB29.15034 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9	
	Mailing Address PARTY 131 S. WILKINSON STREET		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">3750.00</div>
	City DAYTON State OH Zip Code 45402		
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name _____	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other _____	
B.	Full Name (Last, First, Middle Initial) PHIL IGNELZI FOR JUDGE	Transaction ID: SB29.15050 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9	
	Mailing Address RIVERVIEW PLACE 245 FORT PITT BOULEVARD		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>
	City PITTSBURGH State PA Zip Code 15222		
	Purpose of Disbursement CONTRIBUTION JUDGE - PA		
	Candidate Name PHIL IGNELZI	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other _____	
C.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB29.15035 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9	
	Mailing Address POST OFFICE BOX 50378		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>
	City ST. LOUIS State MO Zip Code 63105		
	Purpose of Disbursement CONTRIBUTION US SENATE - MO		
	Candidate Name ROBIN CARNAHAN	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other _____	

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)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB29.15036 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>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	9														
	Mailing Address POST OFFICE BOX 50378		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">2250.00</td> </tr> </table>	Amount of Each Disbursement this Period										2250.00									
Amount of Each Disbursement this Period																							
2250.00																							
	City ST. LOUIS	State MO	Zip Code 63105																				
	Purpose of Disbursement CONTRIBUTION US SENATE - MO		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Candidate Name ROBIN CARNAHAN																						
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: MO	District:																					
B.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB29.15037 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>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	9														
	Mailing Address POST OFFICE BOX 50378		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">2250.00</td> </tr> </table>	Amount of Each Disbursement this Period										2250.00									
Amount of Each Disbursement this Period																							
2250.00																							
	City ST. LOUIS	State MO	Zip Code 63105																				
	Purpose of Disbursement CONTRIBUTION US SENATE - MO		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Candidate Name ROBIN CARNAHAN																						
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: MO	District:																					
C.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB29.15038 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>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	9														
	Mailing Address POST OFFICE BOX 50378		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">-2250.00</td> </tr> </table>	Amount of Each Disbursement this Period										-2250.00									
Amount of Each Disbursement this Period																							
-2250.00																							
	City ST. LOUIS	State MO	Zip Code 63105																				
	Purpose of Disbursement CONTRIBUTION US SENATE - MO		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Candidate Name ROBIN CARNAHAN																						
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: MO	District:																					

SUBTOTAL of Disbursements This Page (optional) ►

2250.00

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

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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

A.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB29.15039 Date of Disbursement
	Mailing Address POST OFFICE BOX 50378	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION US SENATE - MO	<input type="text" value="-2250.00"/>
	Candidate Name ROBIN CARNAHAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	

B.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	Transaction ID: SB29.15040 Date of Disbursement
	Mailing Address POST OFFICE BOX 50378	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION US SENATE - MO	<input type="text" value="-500.00"/>
	Candidate Name ROBIN CARNAHAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	

C.	Full Name (Last, First, Middle Initial) SENATE DEMOCRATIC MAJORITY	Transaction ID: SB29.15030 Date of Disbursement
	Mailing Address 196 WEST STATE STREET	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City TRENTON State NJ Zip Code 08608	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="38970.00"/>

Form/Schedule: **F3XN**
Transaction ID:

The Detailed Summary Page and Schedule A reflect the total of itemized (\$1,320.00) and unitemized (\$343,094.47) receipts.