

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

UA PROGRESSIVE ACTION

ADDRESS (number and street) 1896 Baldrige Road

Check if different than previously reported. (ACC) Upper Arlington OH 43221

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00403741

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 04 2008 in the State of OH

5. Covering Period 10 01 2008 through 11 24 2008

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

Type or Print Name of Treasurer James Fronk

Signature of Treasurer Electronically Filed by James Fronk Date 12 04 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
UA PROGRESSIVE ACTION

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		8618.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	15344.71									
(c) Total Receipts (from Line 19)	13506.30	40159.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28851.01	48777.92								
7. Total Disbursements (from Line 31)	11314.67	31241.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17536.34	17536.34								
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
UA PROGRESSIVE ACTION

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2037.00	5258.76
(i) Itemized (use Schedule A)	11469.30	34465.80
(ii) Unitemized	13506.30	39724.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	435.00
(c) Other Political Committees (such as PACs)	13506.30	40159.56
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13506.30	40159.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13506.30	40159.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	8814.67	28741.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8814.67	28741.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	750.00	750.00
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.....	1750.00	1750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11314.67	31241.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11314.67	31241.58

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)	13506.30	40159.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13506.30	40159.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8814.67	28741.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8814.67	28741.58

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 6 / 15
	<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	

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)
UA PROGRESSIVE ACTION

A.	Full Name (Last, First, Middle Initial) RONALD GUISENGER		Date of Receipt
	Mailing Address 1860 BLUFF AVE		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	COLUMBUS	OH	43212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4902
Name of Employer BENEFACTORS COUNSEL LLC		Occupation HUMAN RELATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="340.00"/>
		<input type="text" value="340.00"/>	

B.	Full Name (Last, First, Middle Initial) RONALD GUISENGER		Date of Receipt
	Mailing Address 1860 BLUFF AVE		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	COLUMBUS	OH	43212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4954
Name of Employer BENEFACTORS COUNSEL LLC		Occupation HUMAN RELATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="225.00"/>
		<input type="text" value="565.00"/>	

C.	Full Name (Last, First, Middle Initial) KATHRYN HAMER		Date of Receipt
	Mailing Address 160 LONGFELLOW AVE		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WORTHINGTON	OH	43085
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4884
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="865.00"/>
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 7 / 15
	<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)
UA PROGRESSIVE ACTION

A.	Full Name (Last, First, Middle Initial) LAURA KUYKENDALL	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 1580 GUILFORD RD	Transaction ID: SA11AI.4997
	City State Zip Code UPPER ARLINGTON OH 43221	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VORYS, SATER, SEYMOUR & PEASE ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) KAREN LONGANBACH	Date of Receipt MM / DD / YYYY 10 / 25 / 2008
	Mailing Address 1054 AUTUMN MEADOWS DR	Transaction ID: SA11AI.4953
	City State Zip Code WESTERVILLE OH 43081	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) JODY MCRAINEY	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 2595 MT HOLYOKE	Transaction ID: SA11AI.4891
	City State Zip Code UPPER ARLINGTON OH 43221	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NATIONAL CHURCH RESIDENCES MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.00	

SUBTOTAL of Receipts This Page (optional)	328.00
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: PAGE 8 / 15
(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)
UA PROGRESSIVE ACTION

A.

Full Name (Last, First, Middle Initial)
JODY MCRAINEY

Mailing Address 2595 MT HOLYOKE

City State Zip Code
UPPER ARLINGTON OH 43221

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

Name of Employer Occupation
NATIONAL CHURCH RESIDENCES MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2008

Transaction ID: SA11AI.4940

Amount of Each Receipt this Period
44.00

B.

Full Name (Last, First, Middle Initial)
SHERYL WILLIAMS

Mailing Address 658 BUGLE CT

City State Zip Code
GAHANNA OH 43230

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2008

Transaction ID: SA11AI.5003

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
SUSAN YOST

Mailing Address 2759 PLYMOUTH AVE

City State Zip Code
COLUMBUS OH 43209

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

Name of Employer Occupation
SELF SOCIAL WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2008

Transaction ID: SA11AI.4856

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **594.00**

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:		PAGE 9 / 15	
	(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"/> 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) UA PROGRESSIVE ACTION
--

A.	Full Name (Last, First, Middle Initial) SUSAN YOST	Date of Receipt
	Mailing Address 2759 PLYMOUTH AVE	<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City State Zip Code COLUMBUS OH 43209	Transaction ID: SA11AI.4938
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
	Name of Employer Occupation SELF SOCIAL WORKER	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1400.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2037.00"/>

**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 10 / 15

<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)
UA PROGRESSIVE ACTION

A.	Full Name (Last, First, Middle Initial) ARLINGTON BANQUETS	Transaction ID: SB21B.4838 Date of Disbursement 10 / 19 / 2008
	Mailing Address 1960 W HENDERSON RD	Amount of Each Disbursement this Period 2562.00
	City UPPER ARLINGTON State OH Zip Code 43220	
	Purpose of Disbursement CATERING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MELISSA HEDDEN	Transaction ID: SB21B.4834 Date of Disbursement 10 / 14 / 2008
	Mailing Address 2491 LANE RD	Amount of Each Disbursement this Period 3843.00
	City UPPER ARLINGTON State OH Zip Code 43220	
	Purpose of Disbursement EVENT EXPENSE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MELISSA HEDDEN	Transaction ID: SB21B.4835 Date of Disbursement 10 / 14 / 2008
	Mailing Address 2491 LANE RD	Amount of Each Disbursement this Period 167.24
	City UPPER ARLINGTON State OH Zip Code 43220	
	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6572.24
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 11 / 15

<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)
UA PROGRESSIVE ACTION

A.	Full Name (Last, First, Middle Initial) PAULS CATERING	Transaction ID: SB21B.4840
	Mailing Address 1565 W 5TH AVE	Date of Disbursement 10 / 25 / 2008
	City COLUMBUS State OH Zip Code 43212	Amount of Each Disbursement this Period 280.00
	Purpose of Disbursement CATERING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PAYPAL	Transaction ID: SB21B.5091
	Mailing Address PAYPAL.COM	Date of Disbursement 10 / 02 / 2008
	City State Zip Code	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement SERVICE FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PAYPAL	Transaction ID: SB21B.5093
	Mailing Address PAYPAL.COM	Date of Disbursement 10 / 11 / 2008
	City State Zip Code	Amount of Each Disbursement this Period 17.56
	Purpose of Disbursement SERVICE FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	327.56
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 12 / 15

<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)
UA PROGRESSIVE ACTION

A. Full Name (Last, First, Middle Initial) PAYPAL Mailing Address PAYPAL.COM City State Zip Code Purpose of Disbursement SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5092 Date of Disbursement 11 / 05 / 2008
	Amount of Each Disbursement this Period 15.22
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) KRISTINA ROJAS Mailing Address 2330 HAVERFORD RD City State Zip Code COLUMBUS OH 43220 Purpose of Disbursement CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4836 Date of Disbursement 10 / 19 / 2008
	Amount of Each Disbursement this Period 439.25
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) JODY SCARBROUGH Mailing Address 2790 ALLISTON CT City State Zip Code UPPER ARLINGTON OH 43220 Purpose of Disbursement TELEPHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4842 Date of Disbursement 10 / 25 / 2008
	Amount of Each Disbursement this Period 100.71
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	555.18
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 13 / 15

<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)
UA PROGRESSIVE ACTION

A.

Full Name (Last, First, Middle Initial)
LAURA SCHWARTZ

Transaction ID: SB21B.4831
Date of Disbursement

Mailing Address 2485 UPPER CHELSEA RD

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

City State Zip Code
UPPER ARLINGTON OH 43221

Amount of Each Disbursement this Period

709.69

Purpose of Disbursement
OFFICE SUPPLIES

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
WVKO

Transaction ID: SB21B.4832
Date of Disbursement

Mailing Address 74 S 4TH ST

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

City State Zip Code
COLUMBUS OH 43215

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
AD

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1359.69

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

8814.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
UA PROGRESSIVE ACTION

A.

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

Transaction ID: SB23.4843

Date of Disbursement

Mailing Address 550 East Walnut Street
Ste 305

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

City State Zip Code
Columbus OH 43215

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
CONTRIBUTION

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00

**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 15 / 15

<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)
UA PROGRESSIVE ACTION

A.

Full Name (Last, First, Middle Initial)
BLUE FOR SENATE COMMITTEE

Mailing Address 471 E BROAD ST

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4846

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

1750.00