

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUL 17 PM 12:35 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Plumbers & Steamfitters

ADDRESS (number and street) PO Box 911

Check if different than previously reported. (ACC) Oswego NY 13126

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00396911

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

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01/01/2015 through 06/30/2015

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 Patrick J. Carroll

Signature of Treasurer [Signature] Date 07/10/2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Report Covering the Period: From:

01 ' 01 ' 2015

To:

06 ' 30 ' 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015	2015	207.50
(b) Cash on Hand at Beginning of Reporting Period.....	207.59	
(c) Total Receipts (from Line 19) .....	888296	888296
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9090.55	9090.55
7. Total Disbursements (from Line 31) .....	850000	850000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	590.55	590.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

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 Disbursements

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Page 5

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

8500.00
8500.00

8500.00
8500.00

20150717 03:00:00

**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	OF
	<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 type="checkbox"/> 29	<input type="checkbox"/> 30		

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

NAME OF COMMITTEE (In Full)  
**Plumbers & Steamfitters Local 73 PAC**

**A.** **United Association PEC**  
 Mailing Address: **Three Park Place**  
 City: **Annapolis** State: **MD** Zip Code: **21401**  
 Purpose of Disbursement: **Political Contributions**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **01 / 13 / 2015**

Amount of Each Disbursement this Period: **100000**

**B.** **United Association PEC**  
 Mailing Address: **Three Park Place**  
 City: **Annapolis** State: **MD** Zip Code: **21401**  
 Purpose of Disbursement: **Political Contributions**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **02 / 05 / 2015**

Amount of Each Disbursement this Period: **150000**

**C.** **United Association PEC**  
 Mailing Address: **Three Park Place**  
 City: **Annapolis** State: **MD** Zip Code: **21401**  
 Purpose of Disbursement: **Political Contributions**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **03 / 06 / 2015**

Amount of Each Disbursement this Period: **100000**

**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)						PAGE	OF
	<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 type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
*Plumbers & Steamfitters Local 73 PAC*

A. Full Name (Last, First, Middle Initial) <i>United Association PEC</i>		Date of Disbursement <i>04 ' 10 ' 2015</i>
Mailing Address <i>Three Park Place</i>		Amount of Each Disbursement this Period <i>1,000.00</i>
City <i>Annapolis MD</i>	State <i>MD</i>	
Zip Code <i>21401</i>		Category/Type
Purpose of Disbursement <i>Political Contributions</i>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

B. Full Name (Last, First, Middle Initial) <i>United Association PEC</i>		Date of Disbursement <i>05 ' 08 ' 2015</i>
Mailing Address <i>Three Park Place</i>		Amount of Each Disbursement this Period <i>2,000.00</i>
City <i>Annapolis MD</i>	State <i>MD</i>	
Zip Code <i>21401</i>		Category/Type
Purpose of Disbursement <i>Political Contributions</i>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

C. Full Name (Last, First, Middle Initial) <i>United Association PEC</i>		Date of Disbursement <i>06 ' 09 ' 2015</i>
Mailing Address <i>Three Park Place</i>		Amount of Each Disbursement this Period <i>2,000.00</i>
City <i>Annapolis MD</i>	State <i>MD</i>	
Zip Code <i>21401</i>		Category/Type
Purpose of Disbursement <i>Political Contributions</i>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	▶	[ ]
TOTAL This Period (last page this line number only).....	▶	



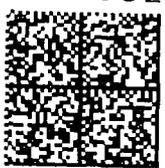
Local No. 911  
PLUMBERS & FITTERS LOCAL  
PO BOX 911  
705 EAST SENECA STREET  
OSWEGO, N.Y. 13126

Form 74

7014 1200 0000 4100 3647



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